



CITY OF CARLISLE

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# ANNUAL REPORT

OF THE

**MEDICAL OFFICER of HEALTH**

FOR THE YEAR

1968



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JAMES L. RENNIE

M.D., M.R.C.P. (Glasgow), D.P.H.  
MEDICAL OFFICER OF HEALTH





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## HEALTH COMMITTEE 1968      SOCIAL SERVICES COMMITTEE

### Chairman :

Ald. Miss M. K. Sibson, O.B.E.

### Deputy Chairman:

Councillor Long

Councillor Bisland  
Councillor Mrs. Blakeney  
Councillor Dunstan  
Councillor Hutchinson  
Councillor Mrs. James  
Councillor Little  
Councillor Mrs. Sheehan  
Councillor Smith

1968-69

### Chairman :

Ald. Miss M. K. Sibson, O.B.E.

### Deputy Chairman:

Alderman Mrs. Perkins

Councillor Allchin  
Councillor Bisland  
Councillor Dunstan  
Councillor Mrs. James  
Councillor Mrs. Jolly  
Councillor Little  
Councillor Long  
Councillor Smith

## OTHER COMMITTEES CONCERNED WITH PUBLIC HEALTH MATTERS


Education Committee—School Health Service.

Welfare Services Committee      —      Administration of the appropriate  
Until amalgamated with      Section of the National Assistance  
Social Services Committee      Act, 1948.  
1.10.1968.

Water Committee—Water Supply.

## SENIOR PUBLIC HEALTH OFFICERS

Medical Officer of Health, Principal School Medical Officer, and Chief Welfare Services Officer	— James L. Rennie, M.D., Ch.B., M.R.C.P. (Glas.), D.P.H.
Deputy Medical Officer of Health, etc.	— David G. Proudler, M.B., B.S., D.P.H.
Assistant Medical Officer of Health and School Medical Officer	— S. P. J. Kerr, M.B., Ch.B., D.P.H.
Principal Dental Officer— Education and Health	— Mr. H. W. Freer, L.D.S. (Leeds)
Chief Public Health Inspector	— Ernest Boaden, A.M.P.I.H.E.
Chief Administrative Assistant	— L. Oates.



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Mr. Mayor, Ladies and Gentlemen,

I have much pleasure in submitting my 22nd Annual Report on the Health of the City, that for the year 1968.

The year was a landmark in the development of certain services. For many years excellent training facilities for the subnormal have been developed; the staff were there but the buildings were inadequate and did not afford the facilities required or deserved. In November, however, you were able to open the purpose built Junior and Adult Training Centres which have been greatly acclaimed by parents, staff and all who have visited them.

In the same month was opened the new Central Clinic in which all local authority clinic services are centred and where the district nurses and midwives have offices and stores. It is unfortunate that at the time this building was at the planning stage there was not sufficient interest among general practitioners in practising from a Health Centre to justify providing such a Centre in lieu of a Local Authority Clinic.

Vaccination against measles commenced in the City in May. It is hoped that this procedure may reduce the incidence of this disease with its many and sometimes serious complications. The number of City children receiving protection against various diseases compares favourably with the numbers for the country as a whole but there is still room for improvement and I shall not be satisfied until all, except those where there is a medical contra-indication, have such prophylactic treatments.

On the administrative side it will be noted that in accordance with the suggestion in the Sheldon Report the Department of Health and Social Security requested us to dispense with the title "Child Welfare Service" in favour of the "Child Health Service".

The City Council gave consideration to the Maud Report on Management and decided to streamline the Committee structure for an experimental period. The Health, Welfare and Fire and Ambulance Committees were amalgamated under the name "Social Services Committee" which held its first meeting in October, 1968. From a Chief Officer's point of view there is no doubt that the amalgamation of Health and Welfare functions under a single committee makes for easier administration as many matters have both a Health and a Welfare content.

Miss Cameron, your Educational Psychologist, retired at the end of the year and I should like to express my great appreciation of the work she did for very young children in the City. I have already referred to her work for School Children in my report on the School Health Service.

Staffing difficulties continued to trouble the department particularly in regard to Dentists and Public Health Inspectors but we can hardly expect to be immune to the difficulties which beset other local authorities.

I should like to record my thanks to all members of my staff and to officers of other departments and outside organisations who have contributed to the success of the department's work. Finally, I must thank the Chairman and Members of the Social Services Committee for their unfailing support.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

JAMES L. RENNIE,

Medical Officer of Health.

**SECTION I.**  
**VITAL STATISTICS**

# VITAL STATISTICS

## SUMMARY

Area (acres) ... ..	6,092
Population (1968) Estimate of Registrar General ... ..	71,110
Rateable Value ... ..	£2,752,000
Sum represented by a Penny Rate ... ..	£11,220

The rates given in brackets are those which would have applied had it been possible to transfer out Scottish births and deaths.

LIVE BIRTHS :	Total	M.	F.
Legitimate ... ..	1,125	577	548
Illegitimate ... ..	99	54	45
Live Birth Rate per 1,000 of the population —	17.21	(16.44)	
Live Birth Rate per 1,000 of the population as corrected by the Area Comparability factor of 0.98 is 16.87.			
Live Birth Rate of England and Wales —	16.9		

ILLEGITIMATE LIVE BIRTHS (per cent. of total live births)—8.09 (7.96)

STILLBIRTHS ... ..	24	11	13
Still birth rate per 1,000 total live and stillbirths—	19.23	(20.12)	
Stillbirth rate for England and Wales —	14.0		

TOTAL LIVE AND STILLBIRTHS ...	1,248	642	606
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INFANTS DEATHS (deaths under 1 year)	24	11	13
--------------------------------------	----	----	----

INFANT MORTALITY RATES :			
Total infant deaths per 1,000 total live births	19.61	(20.53)	
Legitimate infant deaths per 1,000 legitimate live births	17.78	(18.69)	
Illegitimate infant deaths per 1,000 illegitimate live births	40.40	(43.01)	
Infant Mortality Rate for England and Wales —	18.0		

NEO-NATAL MORTALITY RATE (deaths under four weeks per 1,000 live births) ... ..	17.16	(17.96)	
Neo-Natal Mortality Rate for England and Wales	12.3		

EARLY NEO-NATAL MORTALITY RATE (deaths under one week per 1,000 total live births) ... ..	13.07	(13.69)	
Early Neo-Natal Mortality Rate for England and Wales —	10.5		

PERINATAL MORTALITY RATE (Stillbirths and deaths under one week combined per 1,000 total live & stillbirths)	32.05	(33.53)	
Perinatal Mortality Rate for England and Wales —	25.0		

MATERNAL MORTALITY (including abortion)—  
No maternal deaths occurred during the year.

DEATHS	Total	M.	F.
	867	452	415
Death rate 12.19 (11.64) per 1,000 population.			
Death rate per 1,000 of the population as corrected by the Area Comparability factor of 1.10 is 13.41.			
Death Rate for England and Wales —	11.9		

## **POPULATION**

The Registrar General's estimate of the mid-year population of the City for 1968 is 71,110 an increase of 160 on the figure for 1967.

### **BIRTHS**

#### **Live Births**

In 1968 the number of live births recorded was 32 more than in 1967. The total was 1,224 of which 55 were to mothers normally resident in Scotland. The crude birth rate was 17.21 per thousand of the population, but if the Scottish births had been transferable the rate would have been 16.44. The City birth rate after adjustment by the area comparability factor of 0.98 is 16.87 per thousand of the population. The live birth rate for England and Wales is 16.9 per thousand of the population.

#### **Illegitimate Live Births**

The number of illegitimate live births in the City in 1968 was 99, or 8 less than in the previous year. The percentage of the total live births was 8.09 (7.96 if Scottish births were excluded).

#### **Still Births**

The number of still births in 1968 was 24, or 10 less than in 1967. The rate per thousand live and still births was 19.23 (20.12 if Scottish births and still births were excluded). The rate for England and Wales was 14.0.

### **DEATHS**

The number of City deaths recorded was 867; of these 40 were of persons who died in Carlisle but were normally resident in Scotland. The crude death rate was 12.19 per thousand of the population, but after adjustment by applying the area comparability factor of 1.01 a rate of 13.41 is obtained. Table I shows the cause of death and the age at death of the 867 persons. The principal causes of death were again heart disease and cerebral vascular accidents.

TABLE 1

CAUSE OF DEATH	Deaths within subjoined Age Groups credited to the City as a result of Conditions shown								
	All Ages	Und. 1 Year	1 & Und. 5	5 & Und. 15	15 & Und. 25	25 & Und. 45	45 & Und. 65	65 & Und. 75	75 & up-wards
1	2	3	4	5	6	7	8	9	10
All Causes:									
Certified	771	21	2	3	4	18	189	234	300
Uncertified	96	3	-	-	-	6	35	33	19
Enteritis and Other Diarrhoeal Diseases	1	-	-	-	-	-	-	1	-
Tuberculosis of Respiratory System	1	-	-	-	-	-	-	1	-
Other Tuberculosis inc. late effects	1	-	-	-	-	-	1	-	-
Other Infective & Parasitic Diseases	1	-	-	-	-	-	-	1	-
Malignant Neoplasm - Stomach	19	-	-	-	-	-	6	10	3
"    Lung, Bronchus	35	-	-	-	-	1	17	12	5
"    Breast	4	-	-	-	-	-	3	-	1
"    Uterus	14	-	-	-	-	-	6	4	4
Leukaemia	6	-	-	-	-	1	2	3	-
Other Malignant Neoplasms	80	-	-	-	1	5	33	20	21
Benign & Unspecified Neoplasms	2	1	-	-	-	-	-	-	1
Diabetes Mellitus	4	-	-	-	-	-	1	1	2
Other Endocrine, Etc. Diseases	1	-	-	-	-	-	1	-	-
Anaemia	2	-	-	-	-	-	-	-	2
Other Diseases of Blood etc.	1	-	-	-	-	1	-	-	-
Mental Disorders	1	-	-	-	-	-	1	-	-
Other Diseases of Nervous System	9	-	-	-	-	1	2	3	3
Chronic Rheumatic Heart Disease	13	-	-	-	-	-	8	3	2
Hypertensive Disease	11	-	-	-	-	-	4	5	2
Ischaemic Heart Disease	260	-	-	-	-	3	68	98	91
Other Forms of Heart Disease	46	-	-	-	-	1	5	16	24
Cerebrovascular Disease	134	-	-	-	-	3	20	34	77
Other Diseases of Circulatory System	41	-	-	-	-	-	5	10	26
Influenza	2	-	-	-	-	-	-	-	2
Pneumonia	27	3	-	-	-	1	5	5	13
Bronchitis & Emphysema	36	-	-	-	-	1	11	14	10
Asthma	3	-	-	-	-	-	1	1	1
Other Diseases of Respiratory System	11	1	-	1	-	1	-	5	3
Peptic Ulcer	13	-	-	-	-	1	2	6	4
Intestinal Obstruction & Hernia	3	-	-	-	-	-	1	1	1
Cirrhosis of Liver	3	-	-	-	-	-	2	-	1
Other Diseases of Digestive System	9	-	-	-	-	-	-	6	3
Nephritis & Nephrosis	9	-	-	-	-	-	8	1	-
Hyperplasia of Prostate	3	-	-	-	-	-	-	-	3
Other Diseases - Genito Urinary System	5	-	-	-	-	-	2	-	3
Diseases of Musculo-Skeletal System	4	-	-	-	1	-	-	2	1
Congenital Anomalies	9	6	1	1	-	-	-	-	1
Birth Injury, Difficult Labour etc.	8	8	-	-	-	-	-	-	-
Other Causes of Perinatal Mortality	4	4	-	-	-	-	-	-	-
Symptoms & Ill defined Conditions	1	-	-	-	-	-	-	-	1
Motor Vehicle Accidents	7	-	-	-	-	1	4	1	1
All Other Accidents	16	-	1	1	2	2	1	2	7
Suicide & Self Inflicted Injuries	6	-	-	-	-	1	4	1	-
All Other External Causes	1	1	-	-	-	-	-	-	-
Totals	867	24	2	3	4	24	224	267	319

TABLE 2.

Table 2 shows the number of infant deaths by primary cause and age by month of death in Carlisle during 1968

	AGE										MONTH												Total Deaths under 1 year
	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	January	February	March	April	May	June	July	August	September	October	November	December		
All causes	16	2	1	1	20	—	—	—	—	3	2	3	—	1	2	—	1	2	3	—	3	20	
Certified	—	1	—	—	1	1	—	1	—	1	—	—	—	—	—	1	—	—	1	1	—	4	
Uncertified	2	3	1	—	6	—	—	—	—	2	1	2	—	—	—	—	—	—	1	—	—	6	
Congenital Malformations	4	—	—	—	4	—	—	—	—	1	—	—	—	—	—	—	1	1	—	—	1	4	
Birth Injuries	4	—	—	—	4	—	—	—	—	1	—	—	—	1	—	—	—	1	1	—	—	4	
Atelectasis	4	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	4	
Prematurity	4	—	—	—	4	—	—	—	—	—	1	1	—	—	—	—	—	—	1	—	—	4	
Broncho Pneumonia	1	—	—	1	2	1	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	3	
Bronchiolitis	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	1	
Meningitis	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1	
Benign and Unspecified																							
Neoplasm	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	
	16	3	1	1	21	1	1	1	—	4	2	3	—	1	3	—	1	2	4	1	3	24	

### **Maternal Mortality**

No maternal death occurred during the year.

### **Infantile Mortality**

The infantile mortality rate was 19.61 per thousand live births as compared with 13.42 in 1967. The rate for England and Wales was 8.0. Details of these deaths are given in Table 2.

### **Deaths Due to Cancer**

Table 3 which shows the number of deaths (excluding leukaemia) which occurred each year from 1959 to 1968.

TABLE 3

1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
146	163	145	133	165	182	160	167	174	152

Cancer of lung and bronchus accounted for 35 of these deaths.

### **Inquests**

The City Coroner held 44 inquests during the year. Of this number 20 related to deaths of persons living within the City and 24 to persons who resided in other districts but died in Carlisle.

### **Uncertified Deaths**

118 deaths were registered in which no certificate was given by a medical practitioner and in which no inquest was held. 95 of these were in respect of City residents.

The number of such deaths which occurred in 1967 was 99.

**SECTION II.**  
**SANITARY CIRCUMSTANCES**  
**AND**  
**HEALTH SERVICES**

## **SANITARY CIRCUMSTANCES AND HEALTH SERVICES**

I am indebted to the City Engineer for the report on Sewerage, Sewage Disposal and Swimming Baths.

### **SEWERAGE AND SEWAGE DISPOSAL**

The design and construction of main drainage works has again continued throughout the year, but at a somewhat reduced rate.

The contract for the foul and surface water sewers—Morton Sewers, Stage 3—has been completed during the year.

Other sewers or sewerage systems which have been completed include the provision of a foul sewer outfall from the new Pirelli site at Dalston Road, together with a small Pumping Station, a surface water sewer in California Road to relieve the flooding due to surface water which has been occurring there for some time, and the culverting of Fairy Beck from Dalston Road alongside the Morton Housing Estate as far as the boundary of the Corporation-owned land.

The construction of the three Humus Tanks at the Willow Holme Sewage Disposal Works has also been completed.

Regular maintenance and cleansing of sewers has continued as usual throughout the year.

### **SWIMMING BATHS**

The Carlisle Swimming Baths were built in 1884 and the accommodation for swimming is substantially as it was when the premises were built. The accommodation consists of two pools, one pool 75' long and 30' wide and the other 60' x 30'. The pools contain 110,000 gallons of water, 5'6" being the maximum depth in both pools.

Filtration of the pools water is carried out by four 8' diameter vertical type filters having a maximum filtering capacity of 33,668 gallons per hour, which allows the contents of the pools to be filtered every  $3\frac{1}{2}$  hours. Alumina Sulphate and Sodium Bicarbonate is used for this purpose.

Sterilisation is by the break-point system of chlorination with Chlorine as the agent, using a chlorinator of 1 lb. capacity per hour.

The water content of the pool is changed once each year, when fresh water from the Carlisle Corporation Water Under-

taking is used to fill. The filters are backwashed once each week using water from the pools, fresh water is taken from the mains to make up this deficiency.

There are now three schools with swimming pools, the Carlisle and County High School for Girls, the Grammar School and Harraby Secondary Modern School. The pools at the High School and the Grammar School are identical in design and all three are similar in that they are 'L' shaped. The long leg of the pools is approximately 55' x 24' and the shorter leg 47' x 16'6".

During the year the Public Health Inspectors took samples of the water from the Swimming Baths for examination and the following are the results:—

(a) PUBLIC SWIMMING BATHS, JAMES STREET.

A total of 8 samples of swimming bath water were submitted from the large and small pools to the Public Health Laboratory for bacteriological examination.

The overall results of the samples were satisfactory.

(b) SCHOOLS SWIMMING BATHS.

A total of 12 samples of swimming bath water was submitted throughout the year from the 3 schools to the Public Health Laboratory for bacteriological examination.

The overall results of samples were satisfactory.

## WATER SUPPLY

I am obliged to the Water Engineer and Manager for the following report on the City's water supply.

The rainfall at the Geltsdale Waterworks for the year 1st April, 1968 to 31st March, 1969 was 44.23 inches compared with 55.49 inches in the previous year. The heaviest period of rainfall was on October 31st, 1968 when 1.81 inches was recorded. The month of September was the second wettest since records began. The monthly total was 8.04 inches compared with the highest September rainfall in 1927 when 8.10 inches was recorded. The months of July and August had a dry spell covering nineteen days from the end of July to mid-August during which there was one day only, 6th August, when there was a trace of rain recorded. The rainfall for 1968/1969 was 105% of the long period average.

The storage level at Castle Carrock was 170 million gallons on 1st April, but reached 71 million gallons during mid-October and was full again at 180 million gallons on 31st March, 1969. There was a period of 21 days pumping from the River Eden during August and September together with several test runs of the river Eden pumps to ensure satisfactory operation.

During the year more of the rural shallow spring supplies were abandoned through improvements made where the areas fed from these springs are now connected to the North and Eastern Area Scheme.

The filtration plants at Castle Carrock, Cumwhinton and Crew Fell together with the Chemical Plant at Fellside have continued to supply a satisfactory water during the year. A modification in treatment at Castle Carrock was brought into use in January, 1969 where provision has been made for super-chlorination of the water followed by de-chlorination with sulphur dioxide as the water leaves the clear water storage tank. The provision of this gives a more effective kill of bacteria over a shorter period of time.

During the year 370 samples were taken for bacteriological examination from the sources which supply the City and the rural district. The results have been satisfactory and consistent with the conditions at the individual sources. The remaining sources of supply which continue to give bad samples will be abandoned during the next year.

There has been a considerable improvement in the distribution of water throughout the area during the twelve months and trouble areas are more readily dealt with, with the introduction of an abundant supply of piped water. However, troubles continued during the winter of 1968 on the supply from Liddel Park, but measures have been taken since this time to improve the supply into this Reservoir.

The consumption of water throughout the area has shown a gradual increase over the year and with the introduction over a twelve month period of the North and Eastern Area Scheme, the consumption per day through this particular supply is  $\frac{3}{4}$  million gallons.

During the year 21.7 miles of new main was laid and of this, approximately sixteen miles was laid by the Water Department's own labour force. The mains included distribution mains on the North and Eastern Area Scheme, a trunk main to the west of the City, a renewal of the main from Shaw Head to Liddel Park Reservoir and diversions on the trunk mains from Cumwhinton to the City at the point of crossing the M.6 motorway. The total length of water main in service at the 31st March, 1969 was 638.7 miles.

The table below gives the quantity of water consumed per day in the City area and in the rural area together with the relative consumption of domestic and trade use in these two areas:

Water distributed from Cumwhinton Reservoir ... 3.977 m.g.d.

Water distributed to rural area other than  
from above ... 1.149 m.g.d.

Consumption per head per day through Cumwhinton—

Domestic ... 35.04 galls.

Trade ... 14.81 galls.

Consumption per head per day in rural area—

Domestic ... 38.15 galls.

Trade ... 19.45 galls.

With the introduction of the further stages of the North and Eastern Area Scheme, further areas in the rural district are enjoying a more satisfactory supply of water both in quantity and quality. This has enabled the shallow spring supplies to be abandoned and the anxiety over the quality of these small supplies removed.

The increase in consumption of water over the years has necessitated the investigation of the sources of supply of the Undertaking and to make provision for the future the Council has applied to the Cumberland River Authority for an additional licence to abstract two million gallons per day from the River Eden. Preparation will be made for the taking of this additional water, to modify the intake works, to provide additional pumping machinery and pumping main from the River Eden to Cumwhinton together with sedimentation tanks and modifications and extensions to the filters as may be necessary. All this is to make provision for future consumption up to 1988.

### **Fluoridation of Water Supply**

The City Council has not considered the fluoridation of the water supply since their meeting in December, 1967. At that time they supported the raising of the fluoride content of the City water supply to a suitable level.

### **REFUSE COLLECTION AND DISPOSAL**

The following is the report of the Director of Public Cleansing on the work of his section of the Health Department during 1968.

1968 was not a very successful year. Breakdown of plant at the Baling Depot and flood damage did not enhance the salvage production figures in the early part of the year. Fortunately hard work on the part of operators and an increased influx of waste material enabled us to pass the set target and a high figure of reclamation was reached by the end of the year.

The Civic Amenities Act became operative in June and a corner of the Incinerator Yard was placed at the disposal of the public and a collection service was introduced.

A report on refuse disposal was submitted to a special Committee and visits to proposed sites inside and outside the City were made. A visit with the Medical Officer of Health was made to the Ministry of Housing and Local Government later in the year to explain the situation and efforts are being made to alleviate the existing shortage of refuse disposal sites.

A 50 cu. yd. compression refuse collection vehicle with hydraulic hoist for  $1\frac{1}{4}$  cu. yd. bins was purchased. It is anticipated that this will facilitate the collection of trade refuse as well as domestic refuse in the town.

## **STATISTICS**

The estimated weight of house and trade refuse disposed of was  
37,000 tons

The amount of waste paper collected and sold during the year was 1484 tons; other salvage materials collected and sold was 55 tons, 15 cwts of tin and 5 cwts. of aluminium.

Material disposed of at the incinerator was  
50 tons of fish offal  
700 tons of chicken and vegetable waste  
1,200 animal carcasses.

## **HEALTH SERVICES**

### **Laboratory Service**

The Laboratories of the Hospital Service and the Public Health Service are both situate at the Cumberland Infirmary. Our thanks are due to Dr. Inglis and Dr. Davies and their staff for their helpful co-operation in laboratory investigation of infectious disease and other routine matters, as well as in research projects.

### **PUBLIC ANALYST**

The Analyst for the City is J. G. Sherratt, B.Sc., F.R.I.C., of Chester, and particulars of the analysis of samples submitted to him during the year are to be found in Section VII.

## **REGISTRATION OF NURSING HOMES**

Durranhill House is the only nursing home in the City and it is registered as a mental nursing home to admit up to 65 sub-normal adult females.

## **CARLISLE CREMATORIUM**

The Medical Officer of Health and his Deputy continue to act as Referee and Deputy Referee to the Municipal Crematorium.

The Assistant Medical Officer was also appointed to act as a Deputy Referee in September.

**SECTION III.**  
**OCCURRENCE AND CONTROL OF**  
**INFECTIOUS DISEASES**

## **OCCURRENCE AND CONTROL OF INFECTIOUS DISEASES**

On the 1st October, 1968, the Public Health (Infectious Diseases) Regulations, 1968 became operative. These Regulations provided changes and additions to the list of diseases which were to be notified in the future. In particular acute primary and acute influenzal pneumonia and puerperal pyrexia are no longer notifiable, but tetanus and yellow fever are for the first time notifiable.

Table 4 shows the number of cases of infectious diseases, in age groups, notified during the year. The total number exceeded that of 1967 by 503. This increase was principally due to the rise in the notifications of scarlet fever, measles, dysentery and infective jaundice.

### **Measles**

504 notifications of this disease were received during the year. Measles can be serious and it is hoped that the vaccine now available will reduce the incidence, if not eliminate it in future years.

### **Dysentery**

There were 40 notifications of this disease during the year.

### **Food Poisoning**

Three notifications were received during the year. One case was due to Salmonella St. Paul believed to have been contracted abroad, one due to Salmonella typhi-murium and the remaining case due to Salmonella dublin.

### **Infective Jaundice**

On the 15th June, 1968 the provision of the Public Health (Infective Jaundice) Regulations, 1968 became operative. During the period 15th June to the end of the year 171 cases of infective jaundice were notified and investigated.

TABLE 4

DISEASES	Number of cases notified at various ages									
	Total number of cases notified	Number of cases incorrectly notified	Net number of cases notified	Under 1 year	1—4 years	5—14 years	15—24 years	25—44 years	45—64 years	65 and upwards
Scarlet Fever	52	—	52	—	8	40	3	1	—	—
Whooping Cough	27	—	27	1	14	12	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Measles	504	—	504	18	312	170	4	—	—	—
Acute Poliomyelitis										
Paralytic	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—
Dysentery	40	—	40	4	9	8	4	10	5	—
Ophthalmia										
Neonatorum	1	—	1	1	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	2	—	2	—	—	—	1	—	—	1
Enteric or										
Typhoid Fever	—	—	—	—	—	—	—	—	—	—
Malaria (contracted abroad)	—	—	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—
Tuberculosis										
Respiratory	12	—	12	—	—	—	1	5	3	3
Meninges	1	—	1	—	—	1	—	—	—	—
Others	3	—	3	—	—	—	—	2	—	1
Food Poisoning	3	—	3	—	—	—	3	—	—	—
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—
Infective Jaundice	171	—	171	—	6	121	25	17	2	—
TOTALS	816	—	816	24	349	352	41	35	10	5
										10

## VENEREAL DISEASES

I am indebted to Dr. H. J. Bell, Consultant Venereologist, for the following report:—

The Table below indicates the number of patients from the City, itself, who attended the Special Treatment Clinic at the Cumberland Infirmary, Carlisle, during the period 1960 to 1968:—

Year	1960	1961	1962	1963	1964	1965	1966	1967	1968
Non-gonococcal									
Urethritis	14	8	16	25	13	7	17	18	17
Gonorrhoea (Males)	15	8	10	11	16	16	16	15	19
Gonorrhoea (Females)	7	4	2	6	12	9	8	7	11

The table illustrates no new trend, one way or the other, in the incidence of either non-gonococcal urethritis (N.G.U.), or the disease, gonorrhoea, itself.

This situation—so satisfactory, of course—is quite remarkable and quite inexplicable. I cannot call to mind any other city in England where the figures for gonorrhoea have not increased markedly during the last decade or so. Of course, our city clinic draws patients from the nearby counties of Westmorland and Dumfries—apart from visitors, temporary workers and such like, so that the total figures of gonorrhoea at the clinic have doubled between 1960 and 1968. And yet the numbers, for which the citizens of Carlisle are responsible, have shown no real change over the same period.

This is all the more remarkable since it is obvious that gonorrhoea is a disease which has invaded all strata of society in this country. In England and Wales the national figures for the disease stand only second to measles itself. Indeed, one could describe the condition as a modern plague; that we should have escaped its influence so markedly in our city is something which defies explanation.

### Notification Fees

The total amount paid in fees to medical practitioners for the notification of all notifiable diseases during the financial year 1968/69 was £257 0s. 0d.

**SECTION IV.**  
**TUBERCULOSIS AND OTHER**  
**CHEST CONDITIONS**  
**AND**  
**MASS RADIOGRAPHY**

# TUBERCULOSIS AND OTHER CHEST CONDITIONS AND MASS RADIOGRAPHY

By W. Hugh Morton, Consultant Chest Physician

## Introduction

There has been a very gratifying decrease in both the number of new cases of pulmonary tuberculosis discovered during 1968 and in the number of new cases of bronchial carcinoma. The former have dropped from 38 in 1967 to 19 in 1968, and the latter from 76 in 1967 to 57 in 1968. These are the total figures covering the City of Carlisle, the Eastern Division of the County of Cumberland, and North Westmorland.

## TUBERCULOSIS

Table 5 shows the total number of new cases of pulmonary tuberculosis for England and Wales, and for the three areas of East Cumberland, the City of Carlisle, and North Westmorland, for 1968 and the previous five years:—

TABLE 5

Year		England & Wales	East Cumberland	Carlisle City	North Westmorland
1963	...	16,355	18	19	—
1964	...	15,026	25	14	3
1965	...	13,552	14	20	—
1966	...	12,461	11	20	4
1967	...	11,029	23	13	2
1968	...		6	12	1

Table 6 shows the number of primary notifications of tuberculosis by age, sex and type received by the Medical Officer of Health during the year.

TABLE 6

### Number of Primary Notifications of New Cases of Tuberculosis

Age Periods	0-14	15-19	20-24	25-34	35-44	45-54	55-64	65 and upwards (all ages)	Total
PULMONARY									
Males	—	1	—	1	1	1	1	4	9
Females	—	—	—	1	2	2	—	—	5
NON-PULMONARY									
Males	—	—	—	—	1	—	—	—	1
Females	1	—	—	1	—	—	—	1	3

The number of chest beds available during 1968 with the number of patients discharged during the year 1967 and 1968 are shown in table 7.

TABLE 7

<b>Hospital</b>	<b>Beds available</b>	<b>No. discharged in 1968</b>	<b>No. discharged in 1967</b>
Ward 18, Cumberland Infirmery	13	239	263
Blencathra Hospital	11	29	43
Longtown Hospital	26	134	135

The number of notified cases of tuberculosis on the Chest Centre Register as at the 31st December, 1968 totalled 371; the number of cases of tuberculosis, whether notified or not, under treatment, supervision or observation, totalled 1200. Of the 19 new cases of pulmonary tuberculosis discovered during 1968, 14 were found to have a positive broncho-pulmonary secretion.

The regimen of therapy remains much as it did before, but resistance to first and second line drugs has been a problem in two cases during the year. No cases of pulmonary tuberculosis have been submitted for surgery.

Contact examinations have continued as in previous years, and all contacts under the age of 21 have been Mantoux tested—747 having been done.

Table 8 gives the number of B.C.G. vaccinations carried out during the year:—

TABLE 8

	<b>Male</b>	<b>Female</b>	<b>Total</b>
Carlisle City ...	49	46	95
East Cumberland ...	70	88	158
North Wesmorland ...	7	6	13
Hospital Staffs ...	2	44	46
	<hr/> 128	<hr/> 184	<hr/> 312

Last year I mentioned some difficulties of Mantoux testing. When B.C.G. vaccination was first introduced in 1950 Mantoux testing was essentially part of the campaign. First, only negative reactors amongst contacts were given B.C.G. vaccination. It is still the practice to do Mantoux tests on all contacts and only negative reactors are given this vaccination. We used to follow up the B.C.G. vaccination with a further Mantoux test about six weeks later, and the vast majority of cases so vaccinated then gave a positive reaction. We also carried out Mantoux testing in

all our contacts, who had been vaccinated, at five-yearly intervals, and in the past we have re-vaccinated with B.C.G. vaccine those contacts who had become Mantoux negative again. From our experience, and the fact that none of these contacts having a negative reaction following B.C.G. vaccination, have developed pulmonary tuberculosis, we have felt that the degree of protection by B.C.G. vaccination did not depend entirely on the degree of sensitivity shown by the Mantoux test. We therefore feel that there is now no need for re-vaccination in negative reactors following orthodox B.C.G. vaccination. It certainly appears that even when in a B.C.G. vaccinated contact the follow-up Mantoux test is still negative, there is still some degree of immunity.

It is quite a different problem when the initial Mantoux test is found to be positive, particularly in children entering school for the first time. In such cases there are ample grounds for investigating the whole of the child's family, and in certain cases perhaps for instituting prophylactic chemotherapy. At present children are Mantoux tested in school at the age of 12, and the negative reactors are given B.C.G. vaccination; positive reactors at that age should also continue to be referred for x-ray examination.

### Bronchial Carcinoma

Table 9 shows the number of new cases of bronchial carcinoma found at the chest centre during 1968. One should again note the small number of cases accepted for surgery.

TABLE 9

		Males	Females	Total
<b>East Cumberland</b>				
New cases	...	20	6	26
Admitted for surgery	...	—	—	—
<b>Carlisle City</b>				
New cases	...	20	9	29
Admitted for surgery	...	2	—	2
<b>North Westmorland</b>				
New cases	...	1	1	2
admitted for surgery	...	—	—	—

The five-year survival rate after surgery remains low and is not greater than 4%. Indeed, although great advances have been made in the past 20 years in many aspects of medicine and surgery, there has been little advance in the prognosis and treatment of cancer of the lung.

In many areas it is the most common visceral cancer in men, and there has undoubtedly been over the last 20 years, an actual increase in the incidence of the disease. The small number of cases found at the chest centre here during 1968 is, I think, purely fortuitous, and the figures for the first quarter of 1969 suggest that there has been no actual drop in its incidence. Cancer of the lung now accounts for one in 17 of all male deaths and the mortality throughout England and Wales has risen by an average of 8% per annum.

Over the past ten years we have seen approximately 700 new cases of lung cancer, and the overall pick-up rate of the disease through the mass radiography unit in this area has been 18%. Approximately half of the total number diagnosed have not been submitted for bronchoscopy as the lesion when first seen, was so advanced, or the patient's condition so poor, that the diagnosis was purely academic. Our overall five-year survival rate as far as the chest centre cases go is approximately 3%. I must point out, of course, that all cases of cancer of the lung in this area do not come through the chest centre; many other departments in the hospital service see cases just as we do.

In a disease for which there is not yet any adequate surgical or medical treatment, the approach must be preventive. It is a serious reflexion on the state of medicine today that advances in therapy (and I need only take heart transplants as an example) are applauded by the press and public even when a particular therapy results in no more than keeping a relatively small number of people alive. Although the association of cancer of the lung with heavy cigarette smoking has been known for years now and has often been mentioned in these reports, there has unfortunately been comparatively few public health measures to counteract this. If, however, we get an advance in preventive medicine, the public and press take little notice and both continue to invest in as many, if not more cigarettes than before.

We should naturally like to have a diagnosis of the disease at as early a stage as possible but I must emphasise that even early diagnosis does not generally improve the survival rate after surgery. I do not feel that mortality from cancer of the lung would be reduced greatly by early diagnosis, and I feel that we must wait for the day when adequate chemotherapy of some kind will be available before the prognosis can be improved.

## **Other Chest Conditions**

### **Chronic Bronchitis**

Many cases of chronic bronchitis continue to be seen at the chest centre with, or without, emphysema. Here again, probably the best advice one can give to such patients is to give up smoking cigarettes, and it is surprising how much benefit can accrue to the patient as a result of doing just this. Treatment is largely a question of accurate antibiotic therapy depending on the sensitivity of the organisms in the patient's sputum, and well managed physiotherapy.

### **Asthma**

Many cases of asthma are seen at the chest centre. Asthma remains quite a serious condition and is certainly very common in this East Cumberland area. All groups of severity are found, and although uncommon, death can occur. Assessment and care of these patients is undoubtedly difficult and full use is made of the services of the physiotherapist in their treatment. Continued care of these patients is essential as even when treatment results in apparent complete cure, the condition is very liable to recur. Admission of the patients to the wards is often necessary, especially in cases of status asthmaticus, when one usually finds that the patient has failed to carry out instructions. As I indicated, treatment can be very difficult, and investigation of such cases can be most time-consuming, as there is often an underlying anxiety syndrome with a domestic background. In some cases one has even to secure the help of a psychiatrist.

### **Farmer's Lung**

We continue to see many new cases of 'Farmer's Lung'; this now comes under the Industrial Injuries Act. Most cases clear up satisfactorily but should the condition occur in a young farmer or farm-worker, then it would be wise for him to change his occupation.

### **Bronchiectasis**

The number of new cases of bronchiectasis seen during the year is a new low figure of 19. Table 10 gives the total number of cases of bronchiectasis on the Register as at 31.12.68. No cases of bronchiectasis have been submitted for surgery during the year.

TABLE 10

	Male	Female	Children	Total
East Cumberland ...	62	56	—	118
Carlisle City ...	64	57	—	121
North Westmorland ...	10	4	—	14

### MASS RADIOGRAPHY SERVICE

Table 11 gives the statistical summary of the work done by the static mass radiography unit at Warwick Road, Carlisle for the years 1966, 1967 and 1968.

TABLE 11

Statistical summary of the work done at the Static Mass Radiography Unit.

	1968	1967	1966
Miniature films ... ..	6259	5726	5635
Referred for clinical examination ...	360	316	393
Active tuberculosis ... ..	3	7	9
Inactive tuberculosis ... ..	25	9	13
Bronchiectasis ... ..	7	19	20
Neoplasm ... ..	15	17	29
Pneumoconiosis ... ..	1	—	—
Sarcoidosis ... ..	2	3	—
Cardiac conditions ... ..	36	29	30
Doctors' cases ... ..	2966	2719	2669
Contacts per chest centre ... ..	251	59	78
General public ... ..	2368	2335	2109
Works personnel ... ..	667	613	779

This will be my last report as Consultant Chest Physician to this area. I cannot let this pass without expressing my sincere thanks, not only to the Medical Officers of Health in this East Cumberland area, but to all doctors and colleagues who have made my work so very rewarding.

**SECTION V.**  
**SERVICES PROVIDED UNDER PART III.**  
**OF THE**  
**NATIONAL HEALTH SERVICE ACT,**  
**1946, AND THE**  
**MENTAL HEALTH ACT, 1959**

## **SERVICES PROVIDED UNDER PART III, OF THE NATIONAL HEALTH SERVICE ACT, 1946, AND THE MENTAL HEALTH ACT, 1959**

On the 8th November, 1968, the new Central Clinic in Victoria Place was opened officially by the Mayor of Carlisle, Alderman J. J. Bell, O.B.E., J.P. This clinic replaces George Street Clinic and the Nurses' Home, 5 Brunswick Street, and includes Eildon Lodge, premises which were already used for clinic purposes. The clinic now consists of two old buildings, Wood View and Eildon Lodge, which have been modernised and linked together by a new building.

All the Central Clinic services of the Corporation, the Home Nurses and Midwives' office and the central store and distribution point for welfare foods are now accommodated in the one centre. There are clinics for medical assessment of all kinds, minor ailments, yellow fever vaccination and other vaccinations, etc., dental services (entered by Eildon Lodge), ophthalmology, orthoptics, hearing assessment, otology, hearing guidance, orthopaedic, physiotherapy and remedial exercises, educational psychology (entered by Wood View) child psychiatry (entered by Wood View), speech therapy (entered by Wood View), infant health, ante-natal/domiciliary midwives and family planning. There is also office accommodation for the District Nurses and Midwives and the welfare foods distribution centre.

### **CARE OF MOTHERS AND YOUNG CHILDREN**

Notification of 2040 births were received. This represents a rise of 24 on the 1967 figure. 876 of the children were born to parents who normally resided out with the City. Of the City births 1,141 were live and 23 stillbirths.

#### **Ante-Natal Clinics**

Ante-natal clinics continue to be held at Victoria Place, but no local authority doctor attends as all expectant mothers who are having home confinements book a General Practitioner Obstetrician. The clinics are held on Tuesday afternoons and are staffed by Midwives and Health Visitors. Classes for relaxation exercises and mothercraft were not well attended during the year as the expectant mothers having had previous children consider they have already acquired sufficient knowledge.

Each mother who attended was offered dental examination and, if necessary, treatment.

### **Post-Natal Clinics**

No post-natal clinics were conducted, such examination being undertaken by General Practitioner Obstetricians in their surgeries.

### **Provision of Maternity Outfits**

Each of the expectant mothers booked for domiciliary confinement was issued with a maternity outfit, and additional dressings when necessary were provided.

### **Family Planning**

The City Council does not provide directly a family planning clinic, but provision is made in the Central Clinic for accommodation to be available for use by the Family Planning Association, together with facilities for I.U.D.

No person seeking family planning advice is turned away from the clinic and the local authority reimburse the Family Planning Association for the cost of appliances, etc. in appropriate cases.

### **Care of Premature Babies**

The premature infant is a child who weight  $5\frac{1}{2}$  lbs. or less at birth. The number of babies in this category who were born in Carlisle during 1968 was 83; 81 were born in hospital and 2 at home.

A special incubator which is designed to operate in the ambulances is stored at the City Maternity Hospital and if it is necessary to remove a child born at home to the Premature Baby unit at the City Maternity Hospital this incubator is used. It is the joint property of the Hospital Authorities, the Cumberland County Council and the City Council. Close co-operation between the staff of the City Council, general practitioners and the hospital staff ensures the best possible after-care of premature babies.

The number of premature stillbirths during the year was 15 and they were all born in hospital.

### **Notification of Congenital Abnormalities**

The register of children born with congenital malformations which was started in January, 1964, was continued as in previous years.

The number of children who were found by doctors and midwives to have defects at birth and notified to me in 1968 was 30. Of these 5 referred to children of mothers whose residence was outside the city area, and the information was transferred to the Medical Officer of Health of the area concerned. The total number of Carlisle children with defects was 25 and the following is an analysis of the defects notified.

<b>Central Nervous System</b>	10
<b>Eye, Ear</b>	4
<b>Alimentary System</b>	5
<b>Uro-genital System</b>	1
<b>Limbs</b>	12
<b>Other Skeletal</b>	1
<b>Other systems</b>	2
<b>Other Malformations</b>	1

### Child Health Clinics

The following is a list of the sites of the Child Health Clinics and the days on which the Clinics are held.

- (1) Central Clinic—Monday and Thursday afternoons—weekly.
- (2) Upperby Church Hall—Tuesday afternoons—weekly.
- (3) Harraby Church Hall—Tuesday afternoons—weekly.
- (4) Wigton Road Methodist Church Hall—Wednesday mornings—weekly.
- (5) St. Mark's Church Hall—Alternate Wednesday afternoons.
- (6) Morton Manor—Alternate Wednesday afternoons.

The number of children who attended these clinics and the attendances they made are shown below.

No. of children who attended Centres during the year ... 3007

No. of children who attended Centres and were born during:—

1968	...	...	...	...	...	871
1967	...	...	...	...	...	807
1962-66	...	...	...	...	...	1329

Total number of attendances made by children who attended  
the Centres ... 13416

## **Dental Treatment Provided for Expectant and Nursing Mothers and Pre-School Children**

Report by Mr. H. W. FREER, L.D.S., Chief Dental Officer

1968 has been a most difficult year both for staff and conditions at Eildon Lodge. The main consideration has been to maintain a regular service throughout the year for all priority groups who required dental treatment despite the acute shortage of staff and the difficult working conditions due to building operations. The Clinic was only closed for one day while we moved from the front to the rear surgeries and a part-time service was provided during part of August when I took a short holiday.

With regard to the actual figures the number of Pre-School children attending for first visit is rather lower at 110 against 155, but the number of patients offered treatment 103 from 107 as against last year's 116 from 140 looks more satisfactory. The number of Expectant and Nursing Mothers attending is again very low and this is largely due to having the Ante-Natal Clinic in Wood View from which the mothers have not attended dental inspections. It is expected that with the Ante-Natal Clinic next to the dental clinic this position will now be remedied.

With the new Clinic now fully operational and the greatly improved facilities provided by the City together with an improved staffing position, I look forward with some confidence to 1969. My thanks are due to all who have assisted in any way during this trying year.

## Dental Services for Expectant and Nursing Mothers and Children under 5 years

<b>Part A. Attendances and Treatment</b>					Children	Expectant and
Number of Visits for Treatment During Year					0-4 (incl.)	Nursing Mothers
First Visit	...	...	...	...	110	15
Subsequent Visits	...	...	...	...	55	28
Total Visits	...	...	...	...	165	43
Number of Additional Courses of Treatment other than the First Course commenced during year					...	3
Treatment provided during the year—						
Number of Fillings	...	...	...	...	115	7
Teeth Filled	...	...	...	...	112	7
Teeth Extracted	...	...	...	...	160	28
General Anaesthetics given	...	...	...	...	81	6
Emergency Visits by Patients	...	...	...	...	45	2
Patients X-rayed	...	...	...	...	—	—
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)					...	4
Teeth Otherwise Conserved	...	...	...	...	1	—
Teeth Root Filled	...	...	...	...	—	—
Inlays	...	...	...	...	—	—
Crowns	...	...	...	...	—	—
Number of Courses of Treatment Completed during the year					...	11
<b>Part B. Prosthetics</b>						
Patients Supplied with F.U. or F.L. (First Time)					...	5
Patients Supplied with Other Dentures					...	1
Number of Dentures Supplied					...	9
<b>Part C. Anaesthetics</b>						
General Anaesthetics Administered by Dental Officers						2
<b>Part D. Inspections</b>					Children	Expectant and
					0-4 (incl.)	Nursing Mothers
Number of Patients given First Inspections during year					...	
					A 178	D 19
Number of Patients in A and D above who required Treatment					...	
					B 107	E 17
Number of Patients in B and E above who were offered treatment					...	
					C 103	F 17

## **Day Nursery**

The Raffles Day Nursery originally opened to encourage mothers to go out to work during the second World War, now fills a medico-social function. Priority of admission is given to the children of unmarried mothers, widows, divorcees or where the mother is ill or there are other adverse environmental factors. Lonely children, those with developmental difficulties and those suffering from lack of training in the home are also admitted. The vacancies remaining when these needs have been met are given to children of married couples where both parents have to go out to work. Originally intended as a 50 place Nursery it is at present staffed to take up to 40 children. The average daily attendance during 1968 was 35.5. The charge per child varies from 2s. 6d. to 10s. per day.

## **Nurseries and Child Minders Regulations Act, 1948**

On the 1st November, 1968, Section 60 of the Health Services and Public Health Act, 1968, became operative and amended the Nursery and Child Minders Regulations Act.

At the end of the year the number of persons registered under the Nurseries and Child Minders Regulations Act, and in operation, was 3. One person was authorised to receive into her home 8 children under the age of 5 years, one to receive 30 children the ages of 2 and 5 years, and one to receive 10 children between 3 and 5 years. These homes were visited periodically during the year by one of your Medical Officers, and were found to maintain a good standard.

In addition 13 Playgroups accommodating 375 children were registered but these are under review having regard to the changed standards for the day care of pre-school children.

## **Mother and Baby Homes**

During the year the Lancaster Diocesan Protection Society Home at Brettagh Holt, near Kendal, was closed, but the Carlisle Corporation continued their arrangements with the Carlisle Diocesan Council for Social and Moral Welfare Homes at Kendal and Carlisle, for the admission and care of unmarried mothers and their babies.

The number of Carlisle cases admitted to these Homes during the year is shown in Table 12.

TABLE 12

	<b>Coledale Hall</b>	<b>St. Monica's</b>
Number of mothers	3	6
Number of weeks residence	21	67

In addition to mothers admitted to St. Monica's the City Council accepted financial responsibility for a Carlisle mother who had her baby at Elswick Lodge, Newcastle upon Tyne.

Social Workers of the Carlisle Diocesan Council act as welfare workers on behalf of the City Council for the care and protection of illegitimate children and in 1968 dealt with the following cases:

Unmarried mothers	...	...	...	32
Married women	...	...	...	4
Adoption enquiries	...	...	...	3
Divorced women	...	...	...	1
Financial problems	...	...	...	3
Accommodation problems	...	...	...	2

## MIDWIFERY SERVICE

The number of domiciliary confinements in 1968 was 75, this is a decrease of 19 on the 1967 figure.

This decrease is the result of the modern tendency for mothers to favour hospital confinement, even if a discharge 48 hours after confinement may be involved.

Table 13 shows the number of deliveries attended by the district midwives during 1968.

TABLE 13

	Doctor not booked		Doctor booked		Totals	Cases in Institutions
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child		
Midwives employed by the Authority	—	—	2	73	75	—
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act.	—	—	—	—	—	1939
Midwives in Private Practice (including Midwives employed in Nursing Homes).	—	—	—	—	—	—
TOTALS ...	—	—	2	73	75	1939

All the domiciliary midwives are qualified to administer analgesics in accordance with the regulations of the Central Midwives' Board. During the year the Minnitts gas and air machines were withdrawn. They were replaced by the modern Entonox machine which provides an accurately controlled mixture of gas and oxygen to the patient.

Analgesia was administered in 58 cases and pethedine in 32 cases.

The midwives summoned medical aid under Section 14 (1) of the Midwives Act, 1951, on 26 occasions.

## Supervision of Midwives

Dr. Proudler continued to act as Medical Supervisor of Midwives during the year, 6 domiciliary and 49 hospital midwives notified their intention to practice during the year.

## GENERAL PRACTITIONER OBSTETRICIANS

The number of General Practitioner Obstetricians on the list of the Carlisle Executive Council at the end of the year was 39.

## HEALTH VISITING

At the end of the year there were 14 Health Visitors in post, 13 engaged in field work and 1 Superintendent.

An application was received from a suitably qualified nurse to train as a Health Visitor and she commenced her training in September, 1968.

The attachment of Health Visitors to medical practices is now well established. This method of working gives a better integrated service to the general public and is in line with the present day concept of the Health Visitor as a family visitor. It does, however, involve greater expense in travelling and has the disadvantage that the Health Visitor is no longer responsible for play-groups, day nurseries, etc. in a particular district.

The following is a summary of the work undertaken by the Health Visitors.

### Visits to expectant mothers—

First visits	...	...	...	...	...	...	...	...	155
Total visits	...	...	...	...	...	...	...	...	261

### Visits to children born in 1968—

First visits paid by H.V. after birth of a child born in 1968	1143
Total visits paid by a H.V. after birth of a child born in 1968	4505

### Visits to children born between 1963 and 1967—

Total visits	...	...	...	...	...	...	...	...	11730
--------------	-----	-----	-----	-----	-----	-----	-----	-----	-------

### Visits to other cases in respect of—

Hospital After-care requests	...	...	...	...	...	...	123
Old People (care and after-care)	...	...	...	...	...	...	3155
Miscellaneous visits	...	...	...	...	...	...	805
General Practitioners Surgeries	...	...	...	...	...	...	1266

### In addition the Health Visitors paid visits as under—

To Child Welfare Clinics	...	...	...	...	...	...	694
To Ante-Natal, Mothercraft and Relaxation Classes	...	...	...	...	...	...	26

Included in the Old People (care and after-care) figure is 1,207 visits by the Public Health Nurse.

## HOME NURSING

The staff of the District Nursing Service consists of the Superintendent, who is also Superintendent of Midwives, and 9 nurses, including one male nurse. These nurses are responsible for the home nursing of sick people within the City. Motor transport is provided.

During the year 1,314 patients were attended by the District Nurses and the number of visits was 35,394.

The type of cases referred to and attended by the staff were:

Medical	...	...	...	...	1030
Surgical	...	...	...	...	282
Tuberculosis	...	...	...	...	2

The ages of the patients visited were:

Under 5 years	...	...	...	...	15
Over 65 years	...	...	...	...	810
Others	...	...	...	...	489

## VACCINATION AND IMMUNISATION

Medical practitioners are paid a fee by the Executive Council for various forms of vaccination undertaken at their surgeries and copies of the vaccination records in respect of children vaccinated in doctors' surgeries are sent to the Health Department by the Executive Council.

### Smallpox Vaccination

The number of vaccinations carried out by Medical Practitioners and by your own medical staff at the clinic is shown below.

By Practitioners:

Primary vaccinations	...	...	...	...	469
Re-vaccinations	...	...	...	...	198

At Local Authority Clinics:

Primary vaccinations	...	...	...	...	433
Re-vaccinations	...	...	...	...	—

At Cumberland Infirmary:

Primary vaccinations	...	...	...	...	18
Re-vaccinations	...	...	...	...	208
Total Primary	...	...	...	...	920
Total Re-vaccinations	...	...	...	...	406

## Diphtheria Immunisation

It is now 19 years since a case of diphtheria was notified in the City. Much credit must be given to parents, doctors, school teachers and all who are in any way responsible for attaining a high degree of protection of the child population against this dangerous infectious condition. Vigilance must be maintained and the present high standards of protection continued.

The number of immunisations carried out by medical practitioners and your own medical staff during 1968 was as follows—

			Under 5 years	5 years and over
By private practitioners				
Complete course	...	...	746	37
Re-inforcing dose	...	...	433	847
At Clinics				
Complete course	...	...	541	80
Re-inforcing dose	...	...	349	1268

## Prevention of Tetanus and Whooping Cough

Immunisation for these two conditions is now invariably combined with protection against diphtheria in a triple antigen. Some children still remain who have received only diphtheria immunisation in infancy and these children are offered tetanus vaccination at the Council's Clinics. The number of children receiving protection against whooping cough was 2,400 and against tetanus 4,486.

## B.C.G. Vaccination

B.C.G. Vaccination is made available to children in the 12 year old group. In all cases the children are subjected to a Mantoux Skin Test and those who produce a negative response are then offered B.C.G. vaccination. The vaccination is carried out at the Local Authority's Clinics by members of the medical staff of the department.

The number of children dealt with is given below:

(i) No. of children skin tested	...	...	...	923
(ii) No. of above who gave positive reaction to Mantoux Test	...	...	...	14
(iii) No. who received B.C.G.	...	...	...	870

There is still room for improvement in the acceptance rate of B.C.G. vaccination among those children having a negative Mantoux Test. Every effort must be made to persuade parents to accept the protection of B.C.G. vaccination for their children.

## **Vaccination against Poliomyelitis**

Vaccination against poliomyelitis, which is given by mouth, continues to be available at all infant health clinics and from general medical practitioners. The importance of this protection is continually stressed to parents by the medical and nursing staff, and although the ideal of a hundred per cent protection has not been achieved it is pleasing to report a modest increase in the rate of protection. At the end of 1968, 82 per cent of Carlisle children born during 1967 had received an initial course of treatment.

Table 14 shows the work undertaken in connection with poliomyelitis vaccination during the year. This includes vaccinations by general practitioners.

TABLE 14

			Persons Vaccinated
Children born during 1968	...	...	254
Children born during 1967	...	...	676
Children born during 1966	...	...	64
Children born during 1965	...	...	22
Children born 1961-1964	...	...	79
Others under 16 years of age	...	...	9
Other age groups	...	...	15
			<hr/> 1119 <hr/>
No. of persons receiving reinforcing doses			... 1047

## **Yellow Fever Vaccination**

The number of persons who received yellow fever vaccination during 1968 was 350. These vaccinations were carried out by appointment at the Yellow Fever Vaccination Centre, Central Clinic, Victoria Place, which operated at 11.00 a.m. on Mondays and Thursdays throughout the year. A charge of 12/6 was made for each vaccination.

## **AMBULANCE SERVICE**

The Fire and Ambulance service continued to operate as a combined service. The ambulance fleet consists of 5 ambulances, 1 sitting case car (20 seats), 3 ambulances/sitting case cars (10 seats) and 1 ambulance/sitting case car (12 seats). All of these vehicles are fitted with radio.

TABLE 15

The calls attended, journeys completed and patients conveyed, together with the mileage recorded is shown in Table 15.

			Patients	Journeys	Mileage
City removal to Local Hospitals	...		9,889	9,704	26,428
City cases to distant locations	...	...	996	871	40,352
Other cases to distant locations	...		144	140	4,648
Hospitals to home (City)	...	...	8,863	8,659	22,669
City Hospitals to County Areas	...		12	10	707
County to Local Hospitals	...	...	—	—	—
Hospital Transfers:—					
(a) City Patients	...	...	742	676	2,220
(b) Non-City Patients	...	...	31	31	96
Schools	...	...	4,263	381	3,946
Training Centre, Kingstown	...	...	13,835	869	13,900
Emergencies	...	...	1,195	1,173	4,524
Miscellaneous	...	...	—	533	1,857
			39,970	23,047	121,347

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### Tuberculosis

In this field there has always been close co-operation between the Local Authority and the hospital authorities. Dr. Morton, Chest Physician undertakes duties in the prevention of tuberculosis and the care and after-care of patients under the Authority's scheme. On his recommendation nourishment in the form of milk, eggs, fish, etc. is supplied to tuberculous patients. Gifts were also distributed at Christmas to deserving tuberculous patients from money contributed by the Cumberland Friends of Sanatoria Patients.

On the recommendation of the Medical Officer of Health the Housing Committee gives priority for the rehousing of patients suffering from pulmonary tuberculosis with a positive sputum, who are living in overcrowded conditions and cannot be given separate sleeping accommodation.

Tuberculin (mantoux) testing of six year old children continued and 836 children were tested. Of this number only 3 gave a positive result and were referred to the Chest Physician for a thorough investigation. No child was found to be suffering from active disease.

## **CERVICAL CYTOLOGY**

During the year the Cervical Cytology Clinic continued to be held at Eildon Lodge Clinic. The clinic is staffed by two qualified nurses who are trained midwives and who received special training in this work. Clerical assistance is provided from the central office.

Only 350 Carlisle women attended for examination and no case of early cancer was detected. In addition 49 women from other areas were examined. There is an appointment system and appointment cards are available from Health Visitors, Nurses, Midwives, at all clinics and at the Civic Centre.

## **OTHER DISEASES**

The staff of the Department co-operated with Hospitals and General Practitioners in this work.

The work in regard to geriatric and other patients has been continued by the Health Visitors, helped where necessary by the Social Workers. The Health Visitors made 3,275 visits to persons in need of care and after-care, and included in this total was 3,155 to aged persons. 137 of the aged persons had requested Part III accommodation.

## **PROVISION OF NURSING EQUIPMENT**

This service continues to be much used by the public and during the year 758 articles were on loan to patients in their own homes. The articles supplied consist of such items as bedpans, backrests, air rings, wheel chairs, rubber sheeting, etc.

### **Incontinence Pads**

A supply of incontinence pads is maintained and patients who require them are supplied by the District Nurses. The pads have been found to be of much benefit to patients and have saved the nurse a great deal of her valuable time. In addition there has been a considerable saving in the laundering of soiled bed linen.

Protective pants with inter-liners were provided to incontinent subnormals and mentally ill patients with beneficial results. The disposal of the pads and inter-liners has not presented any difficulty.

### **Convalescent Treatment**

The City Council allows a sum of money to provide convalescent treatment, usually for a period of 2 weeks, at Silloth Convalescent Home for a limited number of persons who are considered by their doctor to need a rest, and are unable to meet the full cost of the treatment. They are assessed on their income and during the year 25 persons benefitted under this scheme.

## HEALTH EDUCATION

**Report by Dr. D. G. Proudler, Deputy Medical Officer of Health**

Health Education may be looked upon as being both general and specific. In terms of general Health Education all members of the Health Department have continued to offer advice and help wherever it has been required, whether it be in the home, in clinics, in schools or in premises in the City handling or serving food.

Specific Health Education, giving detailed information on a variety of topics to groups of people has continued as in previous years, although during the present year the amount of specific Health Education has been reduced by staff shortages. A number of Health Visitors have assisted at the Technical College in courses on Preparation for Retirement. Others have taken part in courses run for Pre-school Play Group Supervisors and in courses on Health and Home Management.

The annual campaign on Dental Health in junior schools has had to be abandoned yet again because the Dental Service has been seriously understaffed.

The campaign emphasising the dangers of smoking, which has been held each year in junior and senior schools, was suspended this year when your Medical Officers and other members of staff taking part, together with some head teachers, felt that the campaign was losing its impact. It was agreed that a wider campaign should be arranged in which the school campaign should be backed up by publicity among City residents, so that parents and other adults who by their example have such a marked influence on children's smoking habits, can be made aware of the hazards involved, and their responsibilities in the matter.

Health Education in Carlisle is being carried out almost as a spare time activity by members of staff during the course of their normal work. This is unfortunate, as Health Education is becoming increasingly important. Young people are being subjected to increasing pressures through advertising, literature and other publicity channels. They are fully aware of the availability of tobacco and alcohol, but know little or nothing of the consequences of their use. Similarly, the practice of illicit drug taking is widely publicised, sometimes dramatically so, although the consequences of drug addiction go unmentioned. Our so-called permissive society discusses sexual freedom openly and backs it up with a never ending supply of literature promoting the same theme. There is little wonder that the illegitimate birth rate is rising steeply.

as is the number of young people being treated for venereal disease. Few, if any of our youngsters in schools are fully aware of the consequences of sexual freedom. They have an urgent need for skilled and sympathetic guidance.

The problem does not end with youth. Many of the causes of disability and unhappiness in the middle-aged and elderly of the community could be averted or diminished by comparatively simple measures of personal care and hygiene, and suitable diet.

There seems little doubt that a full-time Health Education Officer could be kept very fully occupied dealing with some of the problems outlined above.

### **PREVENTION OF THE BREAK-UP OF FAMILIES**

A considerable volume of work is done by various members of this Authority to prevent the break up of families. Within the department itself there is a very close co-operation between the Health Visitors, Casework Supervisor, Home Help Organiser, Superintendent of the District Nurses and Matron of the Day Nursery, in the study of the needs, and the ways in which they can be met, of families where there is a risk of a complete break up. Outside the department the liaison is equally as close with family doctors, head teachers, children's officer, housing manager, hospital staff and workers of voluntary organisations. The Home Help Service provides help in homes where this is necessary and the Children's Committee meet the cost in certain cases.

### **HOME HELP SERVICE**

This service is complementary to the General Practitioners and Hospital service and the demand on the service continues to increase. 85% of those using the service are aged persons and without it many would have to be admitted to residential accommodation, or to hospital. The number of people who received the service of a home help during the year was 501. The number of persons employed in the service during the year was 2 full-time and 90 part-time, equivalent to a total of 54 full-time Home Helps.

### **CHIROPODY**

The City Council does not employ a Chiropodist but they have arrangements with 7 qualified Chiropodists who are registered under the National Health Service (Medical Auxiliaries) Regulations, 1962, for the provision of a chiropody scheme for the elderly, handicapped and also expectant mothers.

During the year 2,074 persons received treatment on 10,964 occasions. Of these 388 received 1,513 treatments in their own homes.

## **MENTAL HEALTH SERVICES**

These services continued to function as in the previous year and an additional post of social worker on the establishment was a satisfactory development. Our own trainee successfully completed her training course in July and was appointed to the new post. At the time of writing our welfare assistant has obtained a place at the Liverpool Training College and it is hoped that the policy of continuing to have a student social worker in post will safeguard the future staffing of these services. During the year a number of students from training colleges were attached to the department for their practical training.

### **Administration**

At the beginning of the year the Mental Health Sub-Committee consisting of six members of the City Council continued to undertake functions relating to patients in accordance with the Mental Health Act, 1959, and in October the duties were taken over by the newly constituted Social Services Committee. The Medical Officer and his Deputy are authorised to deal with documents in accordance with the Mental Health (Hospital and Guardianship) Regulations 1960. At the end of the year 3 practitioners were on the list of Approved Medical Officers and a further 8 were similarly approved by Cumberland County Council and are available in the City area when required.

The registration of one Mental Nursing Home continued and visits of inspection during the year showed this home to be satisfactory. The home provides accommodation for 65 subnormal or severely subnormal female patients, aged 16 years or over. At the end of the year this home had 64 patients; none of whom were detained compulsorily.

The Medical Officer, assisted by his Deputy, continued to be responsible for the general direction of these services. The Consultant Psychiatrists from local hospitals and the Consultant Paediatrician were available for advice and consultations. Consultations for subnormal patients were arranged whenever required and Child Guidance Clinics were held each week. In addition the staff of the Social/Mental Welfare section of the department consisted of an Educational Psychologist, a Casework Supervisor/Psychiatric Social Worker, three full-time Social/Mental Welfare Officers, Welfare Assistant, three part-time Mental Welfare Officers, and a Trainee Social Worker.

## **Mental Subnormality**

The statistical tables 16 and 17 at the end of this section show the number of cases receiving visits during the year and cases referred during the year. At the end of the year 4 patients were under guardianship, all being in the care of the local authority. Informal supervision is provided in other cases. The local education authority referred a number of young people who were leaving schools, chiefly special schools, and who would require some assistance. In these cases the parents were visited and advised regarding employment and other matters. Of 14 such school-leavers 2 were admitted to the Adult Training Centre and 12 were found employment due to the co-operation of employers, to whom thanks are recorded.

The accommodation provided at St. Stephen's Hostel for twelve adult subnormals was well used during the year, the average number of residents being ten. Throughout the year one or two residents were in employment and the remainder attended the Adult Training Centre. The residents, accompanied by the Matron and her assistant, spent an enjoyable week's holiday at Blackpool.

Monthly socials for both the junior and adult subnormals were held at the Friends Meeting House and these proved very popular. I would also like to thank the Parents Association for their good work in the social sphere. Each year they work hard to raise funds to provide an annual outing, parties at Christmas together with presents for most of the subnormals. As in recent years a holiday at Keswick was arranged for 22 subnormals of all ages, and thanks are recorded to the social work staff and the voluntary helpers for the success of this venture.

## **Training Centres**

It is with great pleasure that the completion of the new Training Centres can be recorded. The period between the project receiving City Council sanction and the admission of trainees has seemed interminable, but on the 9th September the new Centres were in operation. The official opening ceremony was performed by His Worship The Mayor, Mr. Alderman J. J. Bell, O.B.E., J.P., on Friday the 15th November. The Mayor was introduced by the Chairman of the Social Services Committee, Alderman Miss M. K. Sibson, O.B.E., and it was pleasing to note that three former Chairmen of the Health Committee were present at the opening; these were Mrs. W. Shepherd, Mr. R. Barrett and Mr. Councillor H. Little all of whom had contributed at some stage to the development of the Centres.

At the end of the year the number on the register of the Junior Centre was 52 (including 1 child from the County area), and on the register of the Adult Centre 46 (including 5 from the County area). During the year one additional assistant supervisor for the Junior Centre and two craft instructors (1 male and 1 female) for the Adult Centre were appointed.

The transfer from the old to the new premises caused some disruption in the production of both wooden and concrete goods, but the additional machinery provided is now proving to be invaluable. In addition a considerable amount of contract work has become available which is particularly suitable for the female trainees.

Two members of staff, one from each Centre, attended a short refresher course during the year.

### **Mental Illness**

The increase in the establishment of Social Workers emphasises the development of the policy to encourage the treatment of mental illness within the community. Liaison with the medical and social work staff of local hospitals and with neighbouring local authorities was maintained during the year.

The social club catering for out-patients and patients discharged from hospital continued to meet weekly and it is considered to be most worthwhile.

Admissions to hospital dealt with by the part-time Mental Welfare Officers during the year are shown in the following table. These officers were called out on 87 occasions and as in recent years most of the patients were dealt with in accordance with Section 29 of the Mental Health Act 1959.

No. of patients admitted to hospital informally	...	13
No. of patients admitted in accordance with Section 25		7
No. of patients admitted in accordance with Section 29		58
No. of cases in which admission to hospital not effected		9

TABLE 16  
PATIENTS VISITED THROUGHOUT THE YEAR

	Psychopathic				Severely				GRAND TOTAL								
	Mentally Ill		Personality		Subnormal		Subnormal										
	Under 16 yrs.	Under 16 yrs. & over 16 yrs.	Under 16 yrs.	Under 16 yrs. & over 16 yrs.	Under 16 yrs.	Under 16 yrs. & over 16 yrs.	Under 16 yrs.	Under 16 yrs. & over 16 yrs.									
(a) Attending day training Centre	M F	M F	M F	M F	M F	M F	M F	M F	94								
(b) Receiving Home Visits but not included in (a)	—	2	—	—	—	18	6	39	12	27	16						
Total Number of Patients	4	6	22	30	—	—	—	—	2	6	15	4	8	68	64	144	
	4	6	24	30	—	—	—	—	39	14	13	25	43	20	95	80	238

TABLE 17

SOURCES FROM WHICH PATIENTS WERE REFERRED TO HEALTH DEPARTMENT

REFERRED BY	Psychopathic				Severely				GRAND TOTAL
	Mentally Ill		Personality		Subnormal		Subnormal		
	Under 16 yrs.	Under 16 yrs. & over 16 yrs.	Under 16 yrs.	Under 16 yrs. & over 16 yrs.	Under 16 yrs.	Under 16 yrs. & over 16 yrs.	Under 16 yrs.	Under 16 yrs. & over 16 yrs.	
	M F	M F	M F	M F	M F	M F	M F	M F	
(a) General Practitioner ...	3	3	15	32	—	—	—	—	53
(b) Hospitals, on discharge from in-patient treatment ...	—	—	18	22	—	—	—	—	40
(c) Hospitals, after or during out-patient or day treatment ...	—	—	3	5	—	—	—	—	8
(d) Local Education Authorities ...	—	—	—	—	—	9	5	3	19
(e) Police and Courts ...	—	—	9	3	—	—	—	—	12
(f) Other sources ...	2	1	4	3	—	—	1	1	13
TOTAL REFERRALS ...	5	4	49	65	—	—	9	6	145

**SECTION VI**  
**GENERAL PROVISION OF HEALTH**  
**AND WELFARE SERVICES, Etc.**

## PROVISION OF WELFARE SERVICES

### Administration

Your Medical Officer of Health is Chief Welfare Officer and there is the closest possible integration of health and welfare services which are administered from the Health Department. The demand for special services for the elderly continues to increase.

#### **Action Under Section 47 of the National Assistance Act 1958 and the National Assistance (Amendment) Act 1951 (Amendment) ACT 1951**

No action was necessary under this Section.

### Residential Accommodation

There is an increasing demand for such accommodation and this has resulted in a long waiting list. Nevertheless many admissions are urgent ones as a result of sudden medical and social emergencies occurring to people not on the waiting list.

The accommodation available during the year was:—

Barn Close—Accommodation for 50 residents of both sexes.

Lime House—A house that has an official capacity for 29 persons but frequently accommodates more than this number.

Aglionby Grange—23 handicapped aged persons of both sexes.

Elizabeth Welsh House—New purpose built home to accommodate 45 persons of both sexes.

Table 18 shows the number of persons admitted and discharged from the Council's Residential Homes. 60 were permanent admissions and 32 were for short periods to enable relatives to have a holiday. Another 6 persons were accommodated in Homes provided by voluntary organisations or other local authorities.

TABLE 18

	Total at 31.12.67		Admitted		Discharged		Total at 31.12.68		Average Daily Occupancy
			During Year		During Year				
	M.	F.	M.	F.	M.	F.	M.	F.	
Barn Close	13	35	12	26	11	24	14	37	51.1
Lime House	13	23	8	11	11	8	10	26	34.9
Aglionby Grange	8	17	6	9	6	11	8	15	24.2
Elizabeth Welsh House	21	25	26	12	25	13	22	24	44.8

The grouped flatlets at Morton Court have proved very popular with the tenants. They provide for the independence of residents while allowing that degree of supervision desirable and acceptable to the not so fit senior citizens.

### **Aged and Handicapped Persons' Visitation**

The four part-time aged and handicapped persons visitors have continued their work under the direction of the Superintendent Health Visitor. These ladies have lonely persons referred to them by the Health Visitors and pay regular visits to ensure that deprivation does not occur. They do not, however, replace Health Visitors or Social Workers where skilled visiting is necessary, nor do they undertake the work of Home Helps or visit those in Aged Persons Dwellings as such people have regular calls by visitors in the employ of the Housing Department.

### **Temporary Accommodation**

During the year 10 families were admitted to the flats in the former Married Quarters at the Castle; 6 families being in occupancy at the end of the year. 6 unaccompanied women, one man and one woman and her child were accommodated for short periods in Aglionby Grange. Table 19 shows the admissions to and discharges from the flats at the Married Quarters and the number remaining in occupancy at the end of the year.

TABLE 19

		Number of			
		Families	Men	Women	Children
In occupancy at 31.12.67	...	4	3	4	11
Admitted during year	...	10	5	10	24
Discharged during year	...	8	5	8	21
In occupancy at 31.12.68.	...	6	3	6	14

These flats meet a need. They have prevented the break-up of certain families and have been an aid to rehabilitation of other families. Their very existence, however, has on occasions resulted in certain persons not using their best endeavours to secure normal housing accommodation for their families but the staff are alive to this situation.

### **Welfare of the Blind Ascertainment**

During the year 18 cases were brought to my notice who might be suffering from blindness, all were referred to a Consultant Ophthalmologist and 10 were subsequently classified as blind and 6 as partially sighted. In addition one registered blind person was re-examined. There was no change in the classification. Where treatment was recommended by the Consultant the cases were followed up to ensure that this was received. Table 20 shows the causes of blindness and the recommendations made by the Consultant.

The general practitioner is notified when his patient is being examined by an Ophthalmologist for the purpose of blind registration and given a copy of Form B.D.8. after the examination.

TABLE 20

Number of cases registered during the year in respect of which Section F of Form B.D.8. recommends	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
1 (a) No treatment	3	—	—	4
(b) Treatment (Medical, Surgical or optical)	2	1	—	6
2 Number of cases at (1) (b) above which on follow-up action have received treat- ment.	2	1	—	6

### Social Rehabilitation

There was no newly ascertained blind or partially-sighted person suitable for this course.

### Ophthalmia Neonatorum

One case of this disease was notified from the City Maternity Hospital. The child had been born to a mother normally resident in the City.

### Register of Blind and Partially Sighted

At the end of the year there were 108 registered blind persons and 41 partially sighted persons residing within the City. Table 21 shows the numbers on both registers at the beginning of the year, those removed therefrom by death, change of residence, etc., those added by ascertainment and immigration and the numbers on the registers at the end of the year.

TABLE 21

	Blind		Partially Sighted	
	M.	F.	M.	F.
On register at 31st December, 1967 ...	37	72	14	25
Removed from the register during the year	6	5	1	3
Admitted to the register during the year	4	6	3	3
On register at 31st December, 1968 ...	35	73	16	25

The distribution of cases on the register at 31st December, 1968, by age and sex is shown in Table 22 and the occupancy of those aged 16 years and over is shown in Table 23.

TABLE 22

Age Group	Blind		Partially Sighted	
	M.	F.	M.	F.
0—4	—	—	—	—
5—10	1	1	1	—
11—15	—	—	1	2
16—20	—	—	—	—
21—29	1	1	2	—
30—39	4	2	1	2
40—49	2	4	3	—
50—59	4	8	1	3
60—64	4	10	2	—
65—69	3	6	1	3
70—79	7	20	2	8
80—84	6	11	1	3
85—89	3	6	1	3
90 and over	—	4	—	1
Age unknown	—	—	—	—
	35	73	16	25

TABLE 23

16 years and upwards	M.	F.
Employed—In workshops for the Blind ...	5	2
Elsewhere ...	2	—
Not Employed—Not available for work 16—59 ...	1	11
Not available for work 60—64 ...	—	6
Not capable of work 16—59 ...	3	2
Not capable of work 60—64 ...	1	4
Not working 65 and over ...	19	47
Already trained for sheltered employment ...	2	—
Available for work in open industry	1	—
	34	72

### Sheltered Employment

The operation of the Carlisle Workshops in the responsibility of a Joint Sub-Committee consisting of 6 members of Cumberland County Council and 4 members of Carlisle City Council. The County Clerk and County Medical Officers are Clerk and Executive Officer while the City Treasurer is Financial Officer to the Joint Sub-Committee. The City Engineer and Surveyor carries out maintenance work for the buildings on behalf of the Joint Sub-Committee.

Table 24 shows the number of City Blind and Partially-sighted persons in the Petteril Bank Workshops at 31st December, 1968.

TABLE 24

	Blind				Partially Sighted			
	Employed		Undergoing Training		Employed		Undergoing Training	
	M.	F.	M.	F.	M.	F.	M.	F.
Basket Making	1	—	—	—	—	—	—	—
Brush Makers	1	—	—	—	—	—	—	—
Mattress Makers	3	2	—	—	—	—	—	—

### Welfare of the Deaf

There were 64 registered deaf persons in the City at 31st December, 1968, and in Table 25 is set forth their distribution by age and sex.

TABLE 25

			Without Speech		With Speech	
			M. F.		M. F.	
			M.	F.	M.	F.
Children under 16 years	...	...	2	—	3	—
Persons aged 16—64 years	...	...	20	13	2	8
Persons aged 65 years and over	...	...	6	7	—	3

The Carlisle Diocesan Association for the Deaf continued to act as the City's agents in respect of persons suffering from this handicap. The Mission is based in central premises in Carlisle.

### Other Handicapped Persons

At the end of the year there were 159 persons registered under the Council's scheme for Other Handicapped Persons.

Table 26 shows the number on the register at 31st December, 1968, by age and sex. It should be noted that registration is voluntary and the table does not therefore cover all handicapped in the City.

TABLE 26

					M.	F.
Children under 16 years	...	...	...	...	1	1
Persons aged 16—64 years	...	...	...	...	72	67
Persons aged 65 and over	...	...	...	...	9	9
Of the persons registered—						
10 are suffering from cerebral palsy						
13 are epileptics						
8 are victims of poliomyelitis and						
19 are suffering from multiple sclerosis						

For 10 years the Council has sponsored the Handicapped Persons' Club which meets each Thursday in Charlotte Street Congregational Church School Room. This club provides social contacts for the severely handicapped and particularly the house-bound who are transported by the Ambulance Service and private contractors. It is gratifying to note that by their own efforts these people have raised funds which cover many of their activities such as outings.

Financial assistance was given to 8 handicapped persons for adaptations to their homes.

The arrangement continued for occupational therapy to be provided by Cumberland Infirmary on an agency basis in handicraft classes and in Part III accommodation.

### **Sheltered Employment and Training**

#### **(a) Employment**

Two sighted physically handicapped males were employed in the Cumberland and Carlisle Workshops for the Blind. One was employed throughout the year and the other from August, 1968, on completion of his training. Both are employed in the bedding department.

#### **(b) Training**

Five trainees were admitted to the Workshops during the year, namely—

- 2 Physically handicapped females who left during the year.
- 1 Mentally handicapped female who left during the year.
- 2 Mentally handicapped males who are continuing their training. Both are being trained in the bedding department.

### **Epileptics**

On the register of handicapped persons there are 13 epileptics and 2 of these attended the weekly club for handicapped persons. No major social problems arose during the year.

One young man attended the Training Centre for Sub-normals and another 2 young men were in the Workshops for the Blind.

## **Spastics**

10 adults were registered with the Local Authority under the Scheme for Other Handicapped Persons and 1 of these received occupational therapy during the year.

One of the registered adults, a lady of 27 years, is employed in open industry, while another is employed in a sheltered workshop run by the Spastics Society. Two young adults are resident in Scalesceugh Home, an establishment administered by the Cumberland, Westmorland and Furness Spastics Society.

The City Council allows free use of the Public Baths on Friday and Saturday evenings to the British Polio Fellowship, and this body welcomes all handicapped persons to its sessions.

## **Registration of Homes**

There are 3 Homes for the aged registered under Section 37 of the National Assistance Act, 1948, whose main function is the reception of the aged. These Homes were regularly visited during the year. One of these Homes, St. Joseph's run by the Little Sisters of the Poor, accommodates 90 aged persons. The building is substantial though the residents are accommodated in dormitories rather than in rooms.

### **Action under Section 48—**

#### **Temporary Protection of Moveable Property**

No action was necessary.

### **Action under Section 50—**

#### **Burial or Cremation of the Dead**

The City Council arranged for the burial of the bodies of five persons who had died and in respect of whom no suitable arrangement for the disposal of the body had been made.

## **General**

Local voluntary bodies continued to play a vital role in the welfare of the aged and handicapped and the co-operation between such bodies and the City Council continues to be excellent. Financial assistance has continued to be given to these organisations to enable them to carry on their work.

### **The Carlisle Old People's Welfare Council**

The City Council has again been represented on the Executive Committee of this body.

The total number of clubs is 27 with a membership in the region of 2,096. A number of visits and holidays have been arranged for Club members through the Agency of the Old People's Welfare Council.

### **The Carlisle Council of Social Service**

The Corporation continued its grant to and representations on the Executive Committee of this Council. The Citizen's Advice Bureau provided by this Council and located in the Old Town Hall dealt with 3,407 enquiries during the year.

### **The W.R.V.S. (Carlisle County Borough Branch)**

The W.R.V.S. carries out much voluntary work for the citizens. From the Council's point of view their work in connection with "Meals on Wheels" and the Old People's Dining Club is most important, though one must not forget the valuable assistance given at clinics, etc.

### **British Polio Fellowship**

This body still flourishes and the City Council has again allowed the local branch the full use of the Corporation swimming baths free of charge. The bath sessions are very well attended.

## **ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR**

**E. BOADEN, A.M.I.P.H. (ENG.)**

That no family should be denied the opportunity of living in a house containing less than the basic amenities of a separate toilet, a sink, a bath and running hot water is, I believe, universally accepted. That every family would be able or indeed willing to pay for such a standard is not so clearly demonstrable.

The first of these propositions is one of the conclusions of the Denington Committee in its report "Our older houses, a call for action" which was referred to in my 1967 report. As a logical sequence to the Denington Report, the Government in April of this year published a White Paper "Old houses into new homes" which outlines proposed new legislation to bring into effect the Denington recommendations.

It would appear not to be the intention of the new legislation to interfere with the legitimate process of securing the demolition of unfit houses but to place greater emphasis on arresting the further decay of those houses which are of sufficient substance to warrant preservation and towards the uplift of areas of such houses by suitable environmental treatment.

For the purpose of clarification the treatment of an area as a whole might be termed "revitalisation" and the treatment of an individual house "improvement".

One of the first requirements of any likely area of older housing would be a feasibility study. It would clearly be misguided to seek to rehabilitate any area which, in the application of all reasonable criteria, could be seen to be best served by a policy of phased clearance and re-building. It is also fairly obvious that to embark too readily on extensive programmes of re-building obsolete housing stock would present both financial and social problems of considerable magnitude.

There are a fair number of the older houses in the City well worthy of preservation and if to these could be added the modern amenities they lack their future for a reasonable length of time would be assured. Some, as individual dwellings, are in streets a substantial part of which have already been considerably improved by their owners. There are also whole areas of older houses which are both capable and worthy of being modernised and it is here especially that the Council is to be empowered, by suitable environmental treatment, to bring about the revitalisation of a whole neighbourhood.

The proposed legislation outlined in the White Paper is aimed at a policy of co-operation between the local authority and the house owner. "Mutual involvement" is a phrase which is likely to appear frequently in the future.

The house owner is to be encouraged to improve his property especially in the installation of the basic amenities of inside toilet, sink, bath and hot water, by the offer of better and more easily obtainable grants and in approved cases loans may be available to those who would find it difficult to meet their share of the cost.

In the promotion of area schemes by the local authority considerable importance is placed on the part the Council will play in securing environmental improvement of the area; in encouraging the setting up in each area of committees representing the residents able to exchange views with the Council as the scheme develops, and amongst themselves decide on the general level to be aimed at in order to achieve a co-ordinated scheme of improvement in any street or group of streets.

Broadly speaking, the proposals are that where a house after improvement is judged to have a "life" in excess of 30 years, the local authority by what is to be known as an "improvement grant" may match £ for £ whatever sum the owner is prepared to spend on improvement and repair to his property up to a maximum on the part of the local authority of £1,000.

For those houses where the estimated "life" would be something less than 30 years but in excess of 15 years a lesser or "standard" grant up to a maximum of £200 may be obtainable.

We should not, however, blind ourselves to the fact that what is really required in many of our old industrial Cities, particularly in the north, is the substitution of a vast number of old obsolete houses by new houses of a design and lay-out more in keeping with this or possibly in anticipation of the next generation's concept of what constitutes adequate housing. It is also clear that for economic reasons this could only be done over a lengthy period of time. In the meantime, for the benefit of those living in houses with a reasonable although perhaps limited future life some hope and in fact assistance must be given to enable them to help themselves to live in reasonably comfortable circumstances pending the millenium.

Some pretty perceptive judgments on the wisdom of seeking to preserve certain areas for 30 years or so will need to be made. We are told to expect increasingly shortened working hours in the future and the consequent increased leisure hours will have

to be spent either about the home or in the pursuit of some preferred divertimento. There is some doubt whether houses without garages or parking spaces, or houses situated in the vicinity of factories or indeed houses in an area in which some degree of smoke control has not been imposed will be acceptable in the year 2000.

Unhappily we may also assume there will still be many families whose skills and consequent earning capacities restrict them to the occupation of houses within their limited ability to pay and these will, by comparison with the standard of the day, be relatively humble and limited in what they have to offer.

There will consequently for some time to come remain the demand for housing covering a wide variety of standards. No doubt towards the close of the century the 15 year houses will have been replaced by new houses and the 30 year houses will then represent the more humble standard. There should at least be the assurance that the lowest acceptable standard as prescribed in the White Paper will by then have been universally attained.

One good thing that may result from this proposed greater incentive to house improvement may be to encourage particularly owner/occupiers to seek to a greater extent the advice of the local authority. Much do-it-yourself work of a rather botched-up nature has come to light during recent surveys and it is sad to think that a great deal of money has been spent which with a little sound advice could have been better employed. New toilets are frequently found built directly off kitchens and sculleries. Materials whose real purpose is insulation are being used, with very short-term effectiveness, to mask rising damp. Condensation problems are being created by the use of unsuitable materials and an imperfect knowledge of the elementary principles of ventilation.

On the whole the proposals would appear to present opportunities which if fully exploited should lead through yet another stage in the saga of "housing". This is the submission of those who feel responsibility towards families who for no reason of their own are being denied the opportunities to aspire to at least a reasonable minimum standard of housing.

Obviously it cannot be done without some financial contribution both by house owner and tenant.

Time will tell, in this age of so many competing claims on the financial resources of the individual just what degree of priority is given to basic home comforts.

## INSPECTION OF THE DISTRICT

### Number and Nature of Inspections

During the year 1968 the following inspections were made by the Public Health Inspectors to the Premises detailed:—

PUBLIC HEALTH ACT, 1936.	Visits.
DWELLING HOUSES—Re housing defects ... ..	203
„ „ Other visits ... ..	147

Visits to ALL PREMISES for purposes of:—

Sec.		
23	Maintenance of Public Sewers ... ..	88
39	Provisions as to drainage, etc., of existing buildings ... ..	459
40	Provisions as to soilpipes and ventilation shafts ... ..	1
44	Sanitary accommodation insufficient or requiring reconstruction	4
45	Buildings having defective closets, capable of repair ... ..	26
46	Sanitary conveniences in workplaces, etc. ... ..	—
51	Care of closets by occupiers ... ..	—
52	Care of sanitary conveniences used in common ... ..	10
55	Means of access to houses for removal of refuse, etc. ... ..	—
56	Paving and drainage of yards and passages ... ..	15
58	Dangerous building ... ..	9
79	Mandatory removal of accumulations of noxious matter ... ..	—
80	Removal of manure, etc. ... ..	6
83	Cleansing of filthy or verminous premises ... ..	11
84	Cleansing or destruction of filthy or verminous articles ... ..	6
89	Sanitary conveniences at inns, etc., and places of public entertainment ... ..	10
92a	Premises in such condition as to be prejudicial to health or a nuisance ... ..	385
92b	Animals kept in such a manner as to be prejudicial to health or a nuisance ... ..	35
92c	Accumulation or deposits prejudicial to health or a nuisance	154
92d	Dust or effluvia caused by trade or businesses, etc. ... ..	121
92e	Overcrowded and ill-ventilated workplaces ... ..	—
108	Bye-laws—Fish Frying ... ..	40
	„ Offensive trades ... ..	—
138	Provision of water supplies ... ..	6
154	Prohibition of sales by rag dealers ... ..	3
240	Bye-laws—Common Lodging Houses ... ..	7
259	Nuisances—Watercourses, etc. ... ..	48
268	„ Tents, vans, sheds, etc. ... ..	7
269	Regulating moveable dwellings ... ..	18

#### PUBLIC HEALTH ACT, 1961.

Sec.		
17	Summary power to remedy choked drains ... ..	9
26	Emergency powers to deal with Defective Premises ... ..	—
27	Emergency powers to deal with Derelict Buildings ... ..	1
29	Powers of Local Authority in relation to Demolitions ... ..	8
34	Emergency powers to deal with Accumulations of Rubbish ... ..	—
74	Nuisance from Pigeons ... ..	33
77	Hairdressing—Byelaws ... ..	1

INFECTIOUS DISEASE.							
Investigating infectious disease	...	...	...	...	...	...	469
Investigating food poisoning	...	...	...	...	...	...	53
CLEAN AIR ACT, 1956.							
Smoke abatement observations	...	...	...	...	...	...	127
Premises, furnaces, equipment, etc., visited	...	...	...	...	...	...	184
FOOD AND DRUGS ACT, 1955, etc.							
Total visits re Food Hygiene Regulations	...	...	...	...	...	...	267
Total visits re Milk and Dairies Regulations	...	...	...	...	...	...	163
Private Slaughterhouse and bacon factory	...	...	...	...	...	...	161
Sampling—For bacteriological examinations	...	...	...	...	...	...	12
Sampling—For analysis	...	...	...	...	...	...	79
Visits as a result of food complaints	...	...	...	...	...	...	42
MEAT AND FOOD INSPECTION.							
At Shops, etc.	...	...	...	...	...	...	162
At Slaughterhouses	...	...	...	...	...	...	86
At Bacon Factory	...	...	...	...	...	...	161
At Poultry Packing Station	...	...	...	...	...	...	89
HOUSING AND SLUM CLEARANCE							
HOUSING ACT, 1957.							
Sec.							
4	re Standard of fitness	...	...	...	...	...	421
9-10-16	„ Repair and reconstruction of unfit houses	...	...	...	...	...	72
17	„ Demolition and closure of unfit houses	...	...	...	...	...	176
18	„ Closing of parts of buildings	...	...	...	...	...	—
81	„ Entry of “Permitted No.” in Rent Books	...	...	...	...	...	—
Part 3	„ Clearance and re-development areas	...	...	...	...	...	163
Part 4	„ Abatement of overcrowding	...	...	...	...	...	9
Part 4	„ Permitted ilmbers	...	...	...	...	...	—
HOUSING ACTS, 1949-64.							
	re Improvement grants	...	...	...	...	...	53
HOUSING ACTS, 1961-64							
	re Houses in multiple occupation	...	...	...	...	...	64
LANDLORD AND TENANT ACT, 1962							
RENT ACT, 1957							
	re Certificate of Disrepair	...	...	...	...	...	9
CARAVAN SITES & CONTROL OF DEVELOPMENT ACT, 1960							
89							
NOISE ABATEMENT ACT, 1961							
272							
LAND CHARGES ACT, 1925							
	Inspections re Search Forms	...	...	...	...	...	50
	No. of Search Forms completed	...	...	...	...	...	1395
FACTORIES ACT, 1961.							
Sec.							
7	Factories with mechanical power	...	...	...	...	...	98
1, 2, 3, 4, 6, 7	Factories without mechanical power	...	...	...	...	...	—
7	Other premises, sites of buildings and engineering works	...	...	...	...	...	14
113	re Outworkers	...	...	...	...	...	—

SHOPS ACT, 1950.							
re Hours, Sunday Trading, Young Persons, etc.	...	...	...	...	...	...	25
re Welfare Provisions	...	...	...	...	...	...	—
OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963							
PREVENTION OF DAMAGE BY PESTS ACT, 1949.	...	...	...	...	...	...	447
Local Authority properties	...	...	...	...	...	...	52
Dwelling Houses	...	...	...	...	...	...	44
All other, including business premises	...	...	...	...	...	...	299
Agricultural properties	...	...	...	...	...	...	6
INSECT PEST CONTROL							
Dwelling Houses	...	...	...	...	...	...	30
Other premises	...	...	...	...	...	...	97
DISEASES OF ANIMALS ACT 1950							
...	...	...	...	...	...	...	—
CIVIC AMENITIES ACT 1967							
...	...	...	...	...	...	...	3
DRAINAGE INSPECTION AND VISITS.							
Drains opened out for inspection	...	...	...	...	...	...	29
Water, colour and other tests	...	...	...	...	...	...	57
OTHER INSPECTIONS AND VISITS.							
Non-industrial premises, offices, etc.	...	...	...	...	...	...	6
Schools	...	...	...	...	...	...	8
Public conveniences, etc.	...	...	...	...	...	...	6
Swimming baths and pools	...	...	...	...	...	...	18
Refuse Tips, Salvage Depots, etc.	...	...	...	...	...	...	49
re Fertilisers and Feeding Stuffs Act, 1926	...	...	...	...	...	...	2
„ Agric. Produce, grading and marking	...	...	...	...	...	...	—
„ Pharmacy and Poisons Act, 1933	...	...	...	...	...	...	1
„ Merchandise Marks Act, 1926	...	...	...	...	...	...	—
„ Rag Flock and Other Filling Materials Act, 1951	...	...	...	...	...	...	—
„ Pet Animals Act, 1951	...	...	...	...	...	...	6
„ Agriculture (Safety, Health & Welfare Provisions) Act, 1956	...	...	...	...	...	...	—
Miscellaneous	...	...	...	...	...	...	347
Interviews	...	...	...	...	...	...	431
Agricultural Show Ground							
Long Stay Immigrants	...	...	...	...	...	...	8
Consumer Protection Act, 1967	...	...	...	...	...	...	18
Flood Damage Inspections	...	...	...	...	...	...	10
...	...	...	...	...	...	...	91

## List of Contraventions and Works Executed

PUBLIC HEALTH ACT, 1936.						Defects	
Sec.						Found	Abated
23	Maintenance and cleansing of certain public sewers					1	1
24	Recovery of cost of maintaining sewers	...	...			1	1
39	Drainage, etc., of existing buildings	...	...	...		29	24
44	Buildings having insufficient closet accommodation or closets so defective as to require reconstruction					—	—
45	Buildings having defective closets, capable of repair					8	1
46	Provision of sanitary conveniences in workplaces	...				—	1
52	Care of sanitary conveniences used in common	...				—	—
55	Means of access to houses for removal of refuse, etc.					—	—
56	Paving and drainage of yards and passages	...				1	—
76	Deposits of refuse	...	...	...	...	—	—
89	Power to require sanitary conveniences to be provided at inns and refreshment houses	...	...	...		1	—
92a	Premises in such a state as to be prejudicial to health or a nuisance	...	...	...	...	77	58
92b	Animals kept in such a place or manner as to be prejudicial to health or a nuisance	...	...	...		—	—
92c	Accumulation or Deposit prejudicial to health or a nuisance	...	...	...	...	6	8
92d	Dust or effluvia prejudicial to health or a nuisance					—	—
92e	Overcrowded or ill-ventilated workplaces	...	...			—	—
140	Power to close or restrict use of water from polluted source of supply	...	...	...	...	—	—
238	Registration of common lodging house and keeper					—	—
259	Nuisances in connection with watercourses, ditches, ponds, etc.	...	...	...	...	1	—
268	Regulation of tents, vans and sheds	...	...	...		—	—
269	Regulation of moveable dwellings	...	...	...		1	1
TOTAL						126	96

### MARKET STALLS AND DELIVERY VEHICLES

REGULATIONS, 1966      ...      ...      ...      ...      19      15

CIVIC AMENITIES ACT, 1967      ...      ...      ...      ...      1      1

### PUBLIC HEALTH ACT, 1961.

						Defects	
Sec.						Found	Abated
17	Summary power to remedy stopped-up drains	...				28	28
24	Dangerous Buildings	...	...	...	...	—	—
26	Defective premises	...	...	...	...	—	—
35	Filthy or verminous premises	...	...	...	...	—	—
77	Hairdressers Byelaws	...	...	...	...	—	—
TOTAL						28	28

CONSUMER PROTECTION ACT 1967	...	...	...	—	—
Factories Act, 1961.					
1 Cleansing	...	...	...	—	—
7 Sanitary Accommodation :					
Insufficient provided	...	...	...	2	1
Maintenance	...	...	...	5	—
Cleanliness	...	...	...	12	—
Adequate lighting	...	...	...	4	—
Ventilation and I.V.S.	...	...	...	1	1
Privacy—Door, screening, etc.	...	...	...	1	1
Access	...	...	...	—	—
Separate	...	...	...	—	—
Notices indicating sanitary accommodation	...	...	...	1	2
Screen approach	...	...	...	—	—
Contraventions on building & engineering sites	...	...	...	2	2
				—	—
			TOTAL	28	7

TRADE DESCRIPTIONS ACT, 1968	...	...	...	—	—
CLEAN AIR ACT, 1956.					

Sec.				Defects	
				Found	Abated
1 Emission of dark smoke from chimneys	...	...	...	4	4
5 Grit and dust	...	...	...	—	—
16 Smoke nuisances	...	...	...	1	1

#### PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Sec.					
4 Notice requiring execution of works	...	...	...	17	13
NOISE ABATEMENT ACT, 1960	...	...	...	3	2

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960	...	...	...	14	14
--	-----	-----	-----	----	----

#### HOUSING ACTS, 1961-64

Houses in Multiple Occupation	...	...	...	42	6
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LANDLORD AND TENANT ACT, 1962	...	...	...	—	—
MERCHANDISE MARKS ACT, 1926	...	...	...	1	—

### OFFICES, SHOPS AND RAILWAYS PREMISES ACT, 1963

Sec.				Defects	
				Found	Abated
4 Cleanliness of premises, furniture and fittings	...	...	...	—	—
5 Overcrowding of premises or rooms	...	...	...	—	3
6 Maintenance of reasonable temperature	...	...	...	10	23
7 Provision of adequate ventilation	...	...	...	1	2
8 Provision of adequate lighting	...	...	...	—	—
9 Provision of sufficient sanitary conveniences	...	...	...	9	18
10 Provision of washing facilities	...	...	...	6	16
11 Provision of drinking water	...	...	...	—	—
12 Provision of accommodation for clothing	...	...	...	—	2
13 Provision of sitting facilities (general)	...	...	...	2	2
14 Provision of suitable seats for sedentary work	...	...	...	—	—
15 Provision of facilities for taking meals	...	...	...	—	1
16 Maintenance and safety of floors, passages and stairs	...	...	...	1	8
17 Fencing of exposed parts of machinery	...	...	...	1	—

18	Avoidance of exposure of young persons to danger in cleaning machinery	...	...	...	...	—	—
19	Training and supervision of persons working dangerous machines	...	...	...	...	—	—
21	Controlling of noise and vibrations	...	...	...	...	—	—
23	Prohibition of heavy work	...	...	...	...	—	—
24	Provision of First Aid facilities	...	...	...	...	7	16
27	Dangerous acts or interference with equipment, etc.	...	...	...	...	—	—
49	Notification of employment of persons	...	...	...	...	—	—
50	Information to be provided for employees	...	...	...	...	12	20
TOTAL						49	111

Table 27 shows the Registrations and General Inspections during the year ended 31st December, 1968.

TABLE 27

Class of Premises	Numbers of premises newly registered during the year	Total number of registered premises at end of year	Number of registerer premises receiving one or more tion during the year
(1)	(2)	(3)	(4)
Offices	23	336	35
Retail Shops	14	624	38
Wholesale shops, warehouses	3	74	11
Catering establishments open to the public, canteens	2	33	8
Fuel storage depots	—	3	—
Total	42	1070	92

**Number of visits of all kinds by Inspectors to registered premises...381**

Table 28 is the Analysis of Persons employed in registered premises by workplace:—

TABLE 28

Class of Workplace	Number of persons employed
Offices	3415
Retail Shops	3759
Wholesale departments, warehouses	761
Catering establishments open to the public	417
Canteens	39
Fuel storage depots	31
Total	8422
Total males	3712
Total females	4710

During the year there were no applications for exemptions under the Act and no prosecutions were undertaken.

Table 29 shows the number of Inspectors and other staff employed under the Act.

TABLE 29

No. of Inspectors appointed under Section 52(1) or (5) of the Act	2
No. of other staff employed for most of their time in connection with the Act.	Part-time Nil

#### Accidents.

27 accidents were reported in the period ending December 31st. All were of a minor nature and no fatalities or loss of limb were recorded.

# SUMMARY OF COMPLAINTS, CONTRAVENTIONS & NOTICES SERVED

	Complaints and Inform- ation Received	CONTRAVENTIONS		NOTICES		STAT. NOTICES	
		Found	Abated	Served	Abated	Served	Abated
Public Health Acts ...	343	154	124	101	72	8	5
Food and Drugs Unsound Food ...	92	—	—	—	—	—	—
Food and Drugs Acts ...	78	234	277	99	126	—	—
Shops Acts ...	4	—	—	—	—	—	—
Factories Acts ...	3	26	7	16	2	—	—
Housing Acts ...	71	49	13	9	7	—	—
Rodent Control and Infestation ...	447	18	20	18	20	—	—
Clean Air Act ...	14	5	5	8	9	—	—
Milk and Dairies (General) Regs. ...	2	—	—	—	—	—	—
Rent Act ...	—	—	—	—	—	—	—
Noise Abatement Act ...	20	3	2	3	3	—	—
Caravan Sites and Control of Development Act ...	11	14	14	14	14	—	—
Offices, Shops & Railway Premises Act	4	49	111	24	45	—	—
Merchandise Marks Act ...	—	1	—	—	—	—	—
Landlord and Tenant Act ...	—	—	—	—	—	—	—

## HOUSING AND SLUM CLEARANCE

During the year 4 houses were represented as being unfit for human habitation, all being individual unfit houses.

At the end of the year the number of houses on the current slum clearance programme still to be represented was 197, while action had been completed and displacement to alternative living accommodation was awaited in respect of 98 houses and action was proceeding in respect of a further 3 houses.

### Programme Proposals

Of the current slum clearance programme only two substantial concentrations of unfit houses remained to be cleared. These are the St. Nicholas clearance areas, where compulsory purchase and displacement was well in hand, and approximately one hundred houses in the vicinity of Charlotte Street where representation was deferred while awaiting information regarding proposals of other Departments and Committees affecting the neighbourhood.

The balance of the programme comprised mainly small pockets of unfit houses scattered among the congested blocks of property in the older parts of the City, and as I have reported previously, it is desirable that the areas are dealt with comprehensively rather than that the unfit properties alone be considered for demolition or renovation.

A number of such areas have already been considered by the Social Services Committee and selected areas in Denton Holme and to the east of Botchergate and London Road also by other Committees, principally the Planning, Finance and Housing Development Committees, and it has been broadly agreed that the extent of necessary and desirable clearance is much greater than was envisaged when the original programme was drawn up almost 15 years ago.

It is hoped that reports on the condition of all the older sections of the City can be submitted for reconsideration as circumstances permit, so that it may be possible to prepare a phased programme of clearing the undesirable in conjunction with modernising and improving the better of the older properties and areas.

## Clearance Areas

Description of Areas	Action during the year
The Carlisle (South John Street Odd Nos.) Clearance Area, 1962 and the Carlisle (South John Street Even Nos.) Clearance Area, 1962, incorporated in the Carlisle Housing (No. 1) Compulsory Purchase Order, 1963, Comprising 11 occupied and 8 unoccupied houses.	One elderly male remains to be displaced.
The Carlisle (Water Street) Clearance Area, 1963, incorporated in the Carlisle (No. 1) (Water Street) Compulsory Purchase Order, 1964, Comprising 8 occupied and 5 unoccupied houses and two shops.	The purchase of one occupied and one unoccupied house in the same ownership has not been completed.
The Carlisle (St. Nicholas Nos. 1, 2, 3, 4, and 5) Clearance Areas, 1966 incorporated in the Carlisle (St. Nicholas) Compulsory Purchase Order, 1967. Comprising 120 unfit houses together with 33 houses, a workshop and two business premises to be acquired under Section 43(2) Housing Act, 1957.	A Public Enquiry was held in February and the Order was confirmed in May. By the end of the year 60 families comprising 143 persons had been displaced into Corporation owned houses and 2 families comprising 5 persons into privately owned houses within the City.

## Summary of Action taken under the Housing Act, 1957

### HOUSES IN CLEARANCE AREAS

#### Represented during the year

Number of areas	...	...	...	...	...	...	...	Nil
Houses unfit for human habitation	...	...	...	...	...	...	...	Nil
Houses included by reason of bad arrangement, etc.	...	...	...	...	...	...	...	Nil
Houses on land acquired under Section 43(2)	...	...	...	...	...	...	...	Nil
Numbers to be displaced:—								
(a) persons	...	...	...	...	...	...	...	Nil
(b) families	...	...	...	...	...	...	...	Nil

#### Action taken during the year

Houses demolished by the local authority or owners								
(a) Unfit for human habitation	...	...	...	...	...	...	...	Nil
(b) Included by reason of bad arrangement	...	...	...	...	...	...	...	Nil
(c) On land acquired under Section 43(2)	...	...	...	...	...	...	...	Nil
Numbers displaced								
(a) persons	...	...	...	...	...	...	...	148
(b) families	...	...	...	...	...	...	...	62

### UNFIT HOUSES ELSEWHERE

#### Represented during the year

Number of houses	...	...	...	...	...	...	...	4
------------------	-----	-----	-----	-----	-----	-----	-----	---

**Orders made** in respect of 10 houses as follows:—

Undertakings accepted	...	...	...	...	...	...	Nil
Closing Orders — Section 17	...	...	...	...	...	...	7
Demolition Orders	...	...	...	...	...	...	2
Closing Orders — Section 18	...	...	...	...	...	...	1
Local Authority owned houses certified unfit by the Medical Officer of Health	...	...	...	...	...	...	Nil

**Houses closed or demolished**

Number of houses closed	...	...	...	...	...	...	5
Parts of buildings closed — Section 18	...	...	...	...	...	...	1
Houses demolished following demolition orders	...	...	...	...	...	...	35
Houses demolished where previously closed	...	...	...	...	...	...	28
Local Authority houses demolished (certified unfit by M.O.H.)	...	...	...	...	...	...	16
Total demolished	...	...	...	...	...	...	79

**Unfit houses made fit**

Where closing orders determined	...	...	...	...	...	...	2
In accordance with undertakings	...	...	...	...	...	...	3

**Numbers displaced**

(a) persons	...	...	...	...	...	...	...	39
(b) families	...	...	...	...	...	...	...	19

## **HOUSE IMPROVEMENT WITH GRANT AID**

Applications for grant aid towards the cost of improving houses and providing modern amenities with their health, structural, legal and financial implications, involve several Departments and Committees of the Council.

Plans relating to applications are submitted through the City Engineer to the Town Planning and Finance Committees but there is consultation with this Department to secure compliance with Housing Act standards, freedom from anticipated slum clearance action during the stipulated periods, and a standard of repair and other works sufficient to ensure a satisfactory life for the improved dwellings. In some instances, always in the case of discretionary grants, inspections are made jointly with the Building Inspectors to agree the necessary repairs and other works.

Inspection of works in progress and of completed improvements are not normally undertaken by this Department unless the work is also related to a scheme of reconditioning unfit property

Discretionary grants, made at the discretion of the Council, are available for dwellings which can be brought up to a standard which will ensure the improved dwelling having a life ahead of at least 30 years.

Standard grants are available to provide the amenities shown in Table 35 in houses which when improved are likely to remain fit for habitation and available for use as dwellings for at least 15 years.

Where it is not practicable at reasonable expense to provide a dwelling with all the standard amenities, grants may be made for improvement to a reduced standard, i.e. the installation of hot and cold water supply at a sink, an internal water closet and satisfactory facilities for storing food.

Higher limit grants are made where it is necessary to build a new structure or convert outbuildings in order to provide a bathroom; for the bringing of a piped supply of cold water into a house for the first time, and for the installation of a septic tank where main drainage is not possible or reasonably practicable

The number of applications for grant aid, 74 approved during the year, shows an increase over the figure for the previous two years, whereas the figure of 38 dwellings improved is the lowest for several years.

I am indebted to the City Engineer for the information contained in the following table:—

#### DISCRETIONARY GRANTS

Number of applications received	...	...	...	...	3
Number of applications approved	...	...	...	...	3
Number of dwellings improved	...	...	...	...	1

#### STANDARD GRANTS

Number of applications received	...	...	...	...	65
Number of applications approved:—					
To full standard	...	...	...	...	27
To higher standard	...	...	...	...	44
To reduced standard	...	...	...	...	Nil
					71
Number of dwellings improved:—					
To full standard	...	...	...	...	19
To higher standard	...	...	...	...	18
To reduced standard	...	...	...	...	Nil
					37
Number of amenities provided:—					
Fixed baths or showers	...	...	...	...	35
Wash hand basins	...	...	...	...	35
Hot water supply at 3 points	...	...	...	...	32
Hot water supply for 2 points	...	...	...	...	3
Water closets	...	...	...	...	37
Food storage facilities	...	...	...	...	37

**Orders made** in respect of 10 houses as follows:—

Undertakings accepted	...	...	...	...	...	...	Nil
Closing Orders — Section 17	...	...	...	...	...	...	7
Demolition Orders	...	...	...	...	...	...	2
Closing Orders — Section 18	...	...	...	...	...	...	1
Local Authority owned houses certified unfit by the Medical Officer of Health	...	...	...	...	...	...	Nil

#### **Houses closed or demolished**

Number of houses closed	...	...	...	...	...	...	5
Parts of buildings closed — Section 18	...	...	...	...	...	...	1
Houses demolished following demolition orders	...	...	...	...	...	...	35
Houses demolished where previously closed	...	...	...	...	...	...	28
Local Authority houses demolished (certified unfit by M.O.H.)	...	...	...	...	...	...	16
Total demolished	...	...	...	...	...	...	79

#### **Unfit houses made fit**

Where closing orders determined	...	...	...	...	...	...	2
In accordance with undertakings	...	...	...	...	...	...	3

#### **Numbers displaced**

(a) persons	...	...	...	...	...	...	...	39
(b) families	...	...	...	...	...	...	...	19

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## **PUBLIC HEALTH ACT, 1936**

### **Common Lodging Houses**

Regular routine visits were made to both the registered common lodging houses within the City. In the establishment operated by the Local Authority and under my supervision routine redecoration was carried out in the kitchen, diningroom, recreation room, manager's office, wash-house and boiler-house. A replacement central heating boiler was also fitted during the year.

I am pleased to report the satisfactory maintenance of both this and the privately operated common lodging house during the year.

### **ATMOSPHERIC POLLUTION**

The volumetric measurement of air pollution was discontinued after a run of exactly three years in March, 1968. The reason was primarily shortage of staff and it was felt that sufficient data had been collected to enable a considered opinion to be formed.

Consistently throughout the period under test the results were as predicted and showed pollution in the following descending order of concentration.

			<b>Average over 3 years</b>	
			<b>Smoke</b>	<b>SO<sub>2</sub></b>
Denton Holme	...	...	170	110
Town Centre	...	...	101	83
Inglewood (Harraby)	...	...	91	66

These figures of course are of little significance unless some comparisons can be made. London, for example, until the introduction of smoke control programmes, was notorious for atmospheric pollution and it was the tragic events in the winter of 1952 which caused such an increase in the mortality rate that urged the Government to set up the Beaver Committee from whose report schemes of smoke control have stemmed.

Between that date and the present time the whole of the Greater London Area has been covered by a widening network of smoke control areas.

To-day of 29 sites in 17 London boroughs, 28 are considerably below the Carlisle figures for smoke pollution and at only one site in a London commercial area are the Carlisle results exceeded.

The sulphur dioxide figures for the London area generally are considerably higher than the Carlisle figures which is to be expected because of the higher density of building over a much wider area with the resulting greater fuel consumption.

The cleaning up of the London atmosphere has been an undoubted success and while the level of sulphur dioxide emission has not fallen so dramatically it can be assumed but for the smoke control programme these figures would have been much higher. Unfortunately, at the present time no economically acceptable method for removing sulphur from fuels has been developed. On the other hand the increased efficiency of the accepted smokeless appliances results in an over-all reduction in the amount of fuel consumed which in turn means a reduction in the sulphur dioxide emission.

The introduction of smoke control programmes in other areas has resulted in a drop in pollution figures to the extent that cities such as Halifax, Liverpool, Leicester, Newport and Sheffield which are commonly regarded as being highly polluted areas, are now returning lower smoke pollution figures than Carlisle.

The investigation carried out by this Department over the past three years indicates that there is a valid case for the introduction of a smoke control programme step by step until ultimately the whole of the City is controlled within 10 or 12 years and I hope in due course to report more fully on this question.

A total of 127 smoke observations were carried out during the year and 184 visits made to premises, furnaces and boiler installations. The fairly satisfactory state of affairs as regards industrial premises has continued and it was necessary on only 5 occasions to serve notice following offences for the emissions of dark smoke or the production of smoke nuisance. The notices were complied with within a short time after service.

A total of 11 applications for the determination of chimney heights were received and approved under the Clean Air Act, 1956, and the Carlisle Corporation Act, 1887.

### **NOISE ABATEMENT**

There is little doubt but that a growing public awareness of the problems of noise has in turn created increasing demands upon the time of the Public Health Inspectorate which in 1968 reached a peak requiring a total number of 272 visits, including late evening and early morning visits, to domestic, commercial and industrial premises.

The main complaints and the biggest cause of concern related to three specific cases. Two arose on the same premises within a short time of the opening of a new factory. The third arose following the reconstruction of one of our central restaurants.

The first two cases occurred in a new factory and were due to the operation of (a) a vacuum exhaustor installed to remove fine dust, etc. from the looms. The outlet of the exhaust pipe faces on to a block of terraced houses some 100 yards distant from the source, and although the actual sound level recorded at the houses was low, the pitch of the noise was such as to give rise to vigorous complaints from the residents as the exhaustor operated over the full 24 hours. The answer to the problem was found by installing a silencer on the exhaustor.

(b) A similar complaint arose from the operation of the air conditioning plant at the same factory, which caused annoyance to residents in another street. Again the remedy lay in silencing the equipment. The most difficult tasks performed by the Inspectorate was in trying to placate the residents during the three months which were required to manufacture and instal the specially designed silencing plant.

Possibly the most significant lesson to be learned from these cases is the need to consider the possibility of future noise complaints at the design and planning stage of submitted schemes. In particular, greater care will have to be exercised in the siting of machinery and plant to ensure that excess noise is not directed towards nearby properties, or situated in such a position that noise from the plant could be reflected from adjoining surfaces. This may entail investigations into suitable screening arrangements, together with adequate silencing and sound insulation of equipment.

The third case in question involved the siting of the air conditioning plant of a Carlisle and District State Management Scheme owned Restaurant adjacent to a party wall with an adjoining building. The noise of machinery transmitted through the wall was fairly high and gave rise to complaints from the owner and residents of an adjacent hotel. It was some months before steps were taken to insulate the party wall and I believe that this problem could have been averted had the State Management Scheme been required to submit detailed plans for prior approval of the scheme as is the case with private individuals.

Of the difficulties encountered in dealing with complaints arising from industrial noise I would say that the noise produced by road drills, compressors, etc. on roadworks has been the most intractable and the law as it stands is difficult to enforce. An amendment in the law which would make it a specific offence to operate road drills, compressors and other contractors' equipment in a built up area unless the machine employs the best practicable means available to reduce the noise to a minimum would considerably ease the problem of enforcement.

# PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1961

## PART 1 OF THE ACT

### 1. Inspection for purposes of provisions as to health (including inspections made by Public Health Inspectors).

PREMISES	Number on Register	NUMBER OF Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	14	3	—	—
(ii) Factories not included in (i) in which Sec. 7 is enforced by the Local Authority.	340	98	5	—
(iii) Other premises in which Section 7 is enforced by the Local Authority. (excluding out-workers premises)	17	14	—	—
TOTAL ...	371	115	5	—

### 2. Cases in which defects were found

PARTICULARS	Found	Remedied	Number of cases in which defects were found Referred To H.M. by H.M.		Number of cases in which pro- secutions were instituted
Want of Cleanliness (Sec. 1) ... ..	2	2	—	2	—
Overcrowding (Sec. 2)	—	—	—	—	—
Unreasonable Temp. (Sec. 3) ... ..	—	—	—	—	—
Inadequate Ventilation (Sec. 4) ... ..	—	—	—	—	—
Ineffective Drainage of floors (Sec. 6) ...	—	—	—	—	—
Sanitary Conveniences					
(a) Insufficient (Sec. 7)	1	—	—	—	—
(b) Unsuitable or defective ... ..	18	9	—	6	—
(c) Not separate for Sexes ... ..	1	—	—	1	—
Other offences against the Act (not including offences relating to Outwork) ... ..	2	3	—	2	—
TOTAL ...	24	14	—	11	—

**PART VIII OF THE ACT  
 FACTORIES ACT, 1961  
 OUTWORKERS**

NATURE OF WORK	SECTION 133			SECTION 134		
	No. of outworkers in August list required by Section 133(1) (c)	No. of cases of default in sending lists to Council	No. of Prosecu- tions for failure to supply lists	No. of instances of work in un- wholesome premises	Notices served	Prosecu- tions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
The making, etc. of Wear- ing Apparel	2	—	—	—	—	—

**RODENT AND INSECT PEST CONTROL**

**Surface Treatment—Rodent Control**

Complaints or reports received and investigated

			Dwelling Houses	Business Premises	L.A. Premises	Agri- cultural Premises
Premises inspected for presence of rats or mice	...	...	156	72	34	—
Premises in which evidence of the presence of rats or mice found			145	72	23	—
Visits of Inspection and treat- ment of all types of premises			804			
No. of baits laid	...	...	2173			

**Sewer Treatment—Rodent Control**

The inopportune loss of the Senior Rodent Operative to another department of the Corporation reduced the available manpower to one. This forced the abandonment of the second treatments of sewers normally carried out in the Autumn of each year. Another man is being trained, and by the Spring of 1969 it is hoped he will be sufficiently experienced to enable a full survey of all sewers to be carried out and around 50% of the whole to be treated.

**Surface Treatment—Rodent Control**

During the year about 1100 premises were surveyed under the provisions of the Damage by Pests Act, 1949.

804 premises were found to be infested by rats or mice and were treated by the Department. 1560 visits were made. 393 complaints were investigated.

Special campaigns were made against rats at refuse tips and the sewage works. Regular inspections were carried out along watercourses and in open spaces to ensure they were rodent free. The Little Caldew was cleansed during Race Week and the opportunity taken to check its whole length to determine whether rodents had become established along the banks. A few small infestations were found and dealt with.

### **Pests other than Rodents**

Special wire mesh cage traps were tried out in an attempt to catch feral pigeons at various heavily polluted points in the City. It was found that unless the traps were set at the right height and on suitable horizontal surfaces the pigeons ignored the trap in spite of an attractive feed of choicest corn being laid around and in the trap. This seemed to indicate that pigeons particularly were getting all the feed they needed from bird lovers in the town, and it is surely obvious to such well meaning but misguided people how much damage and pollution is caused to central properties by even a relatively small community of wild pigeons.

The Department was inundated by complaints of the perennial common black ant invading houses and other properties in the City during the summer months. Complainants were advised to search for the ant nests in gardens and yards and to destroy them with boiling water or any of the many insecticides available in the shops. As a further protection complainants could, if they wished, use an insecticidal lacquer on sale locally which, provided they followed the instructions on the can, is reasonably effective in preventing ants penetrating indoors. Where complainants were unable to deal with the ants because of age or sickness the services of the rodent operatives were made available. It must, however, be pointed out that these two men had more than enough to do in dealing with rats, mice, wild pigeons, fleas and the many other parasites of man of a more harmful nature than ants.

#### **Complaints during the year included—**

Pigeons	... 10	Ants	... 20	Fleas	... 2
Cockroaches	... 7	Flies	... 2	Smell	... 21
Wasps	... 5				

29 premises were treated on 48 separate occasions.

### **Pet Animal Shops**

2 shops were licensed. No particular difficulties were encountered in the supervision of these shops.

### **Riding Schools**

The only registered riding school in the City became defunct.

## FOOD HYGIENE REGULATIONS

The following is a list of contraventions found on inspection:—

Sec.							Contraventions	
							Found	Abated
5	Insanitary premises	...	...	...	...	...	—	—
6	Cleanliness of equipment	...	...	...	...	...	4	8
8	Protection of food from contamination	...	...	...	...	...	4	4
9	Personal hygiene of food handling staffs	...	...	...	...	...	—	—
14a	Sanitary conveniences	...	...	...	...	...	8	18
15	Water supply	...	...	...	...	...	—	1
16	Staff washing facilities	...	...	...	...	...	11	22
17	First Aid equipment	...	...	...	...	...	—	—
18	Accommodation for outdoor clothing	...	...	...	...	...	1	2
19	Facilities for washing equipment	...	...	...	...	...	6	8
20	Lighting of food rooms	...	...	...	...	...	1	1
21	Ventilation of food rooms	...	...	...	...	...	5	5
22	Food room not to be, or to communicate with, sleeping accommodation	...	...	...	...	...	1	4
23	Cleanliness of food rooms	...	...	...	...	...	196	208
24	Accumulations of refuse	...	...	...	...	...	—	—
25	Maintenance of temperature of foods	...	...	...	...	...	—	—
26	Stalls and vehicles	...	...	...	...	...	—	—
29	Conveyance of meat	...	...	...	...	...	—	—
30	Persons carrying meat to wear overalls, etc.	...	...	...	...	...	2	2
Total						...	239	283

## MILK SUPPLIES

### Milk and Dairies (General) Regulations, 1959

No. of Milk Distributors on the Register	...	...	...	...	149
No. of Dairies on the Register	...	...	...	...	3

### Milk (Special Designations) Regulations, 1963

No. of Dealers' licences to use the designation "untreated"	43
No. of Dealers' (Pasteurisers) licences ... ..	3
No. of Dealers licensed to use the designation "Pasteurised"	107
No. of Dealers licensed to use the designation "Sterilised" ...	8

## HEAT TREATED MILK

Designation	No. of Samples	Meth. Blue		Phosphatase		Turbidity		Unsatisfactory Samples
		Pass	Fail	Pass	Fail	Pass	Fail	Percentage
Sterilised	5	—	—	—	—	5	—	0.00
Pasteurised	22	18	4	22	—	—	—	18.10
Total	27	18	4	22	—	5	—	14.81

## UNTREATED MILK

Designation	No. of Samples	Passed		Unsatisfactory Samples Percentage
		Meth. Blue	Failed Meth. Blue	
Untreated	40	36	4	10.00

## BRUCELLA ABORTUS

No. of samples of untreated milk examined	No. of samples containing the organisms
52	Nil

## MILK SAMPLING

The regular routine sampling of milk supplies sold within the City continued during the year. The results show that the supplies are generally satisfactory. However, there are considerable quantities of untreated milk being sold within the City and there are risks associated with its consumption which should not be ignored.

Samples of untreated milk are as a routine tested for the presence of the *Brucella Abortus* bacillus and for the presence of antibiotics, in addition to the normal statutory test for keeping quality. Samples were taken from individual cows belonging to the two producer retailers situate within the City. All of these samples were satisfactory.

Following notification that a Carlisle man was suffering from Undulant Fever, the *brucella* organism was found in the herd of a producer-retailer situate just outside the City. The sale of the untreated milk was immediately suspended until arrangements could be made for its pasteurisation or until evidence could be obtained that the herd was free from the infection.

The supplies of pasteurised milk continued to be generally satisfactory. Inadequate cleansing of machines retailing milk in cafes caused a few failures of samples to the methylene blue test.

## BACTERIOLOGICAL EXAMINATION OF ICE-CREAM

95 samples of ice-cream were taken during the year for bacteriological examination with the following results:—

Grade	Mobiles				Premises			
	I	II	III	IV	I	II	III	IV
Soft ice-cream	—	—	—	—	5	3	3	3
Other ice-cream	—	2	4	3	40	6	10	4

The standard of ice-cream continues to be generally satisfactory. Sampling is concentrated largely upon ice-cream manufactured within the City. Hard ice-cream manufactured by the national producers is invariably satisfactory.

The practice of manufacturing ice-cream from a sterilised cold mix continues to grow and now takes precedence over the traditional manufacturing technique of preparing and boiling the ice-cream mixture. The sterilised cold mix is sold either in liquid or powder form to which cold water is added. Unsatisfactory ice-cream generally results from contamination after the containers of sterilised ice-cream mix have been opened.

### **THE LIQUID EGG (PASTEURISATION) REGULATIONS 1963**

Liquid egg is a potentially dangerous medium for the spread of Salmonella and other infections. All liquid egg is required to be pasteurised immediately after the eggs are broken out prior to canning.

There is one liquid egg pasteurisation plant within the City and samples continue to be satisfactory.

## FOOD AND DRUGS SAMPLES

The following is a list of various food samples taken within the City during the past year:—

Article	No. of Samples
Beefburgers ... ..	1
Black Puddings ... ..	1
Braised Beef (canned) ... ..	1
Brandy ... ..	1
Bread ... ..	1
Buttercup Syrup ... ..	1
Cheese ... ..	2
Chewitts ... ..	1
Chicken, Veal and Ham Pie Filling ...	1
Corned Beef Patty ... ..	1
Cough Mixture ... ..	1
Cream ... ..	1
Dried Vegetables ... ..	1
Eel Mayonnaise ... ..	1
Glucose D ... ..	1
Ham and Beef Roll ... ..	2
Hot Drink Powder ... ..	1
Meat Pie ... ..	5
Meat and Potato Pie ... ..	4
Orange Juice ... ..	2
Peach Preserve ... ..	1
Potted Meat ... ..	2
Ravioli ... ..	1
Sandwich Spread ... ..	2
Sausages ... ..	8
Sausage Roll ... ..	2
Stewed Steak (canned) ... ..	1
Strawberry flavours ... ..	1
Whisky ... ..	7

Only one sample proved to be unsatisfactory and the description of this article was amended to fall in line with labelling requirements.

A number of samples of butchers' and fishmongers' products such as cooked meats, minced meat, raw fish and shellfish, were submitted to the Public Health Laboratory for bacteriological analysis during the year. The results showed that in some cases the handling of the food at some stage of the retail chain was not satisfactory. In many cases the recommending of a chemical sterilant for use on equipment and surfaces resulted in an improvement in later supplies. Contact was made with the Torry Research Station in Aberdeen concerning bacteria found in fish and shellfish.

Specific standards have been laid down for the chemical composition of foodstuffs and for the various substances which may be added to food. Regular sampling programmes are undertaken by the Department to ensure that these standards are being maintained.

The bacteriological examination of food, however, is not so definite. Standards are laid down for milk, ice-cream and liquid egg and tests are specified in legislation, e.g. the methylene blue and the phosphatase tests which indicate respectively keeping quality and efficiency of pasteurisation of milk. No standard exists for the majority of foodstuffs vulnerable to bacterial growth. An outstanding example of this is cream. In previous annual reports I have emphasised the need for legislation on this subject. The absence of a legal standard results inevitably in some confusion of thought between local authorities and food manufacturers as to what might or might not be acceptable. Some of the larger national retailing companies who are extremely knowledgeable in these subjects set a high standard of their own to which all their suppliers must adhere.

In addition to the foodstuffs analysed by the Public Analyst, the Department subjects samples of milk to a screening chemical analysis in the laboratory at the Civic Centre. If these samples are found to be unsatisfactory formal samples may be then taken and submitted to the Public Analyst.

During the year 59 samples were analysed, 5 of these were found to be unsatisfactory. After informal action further samples from these sources proved to be satisfactory.

## **WATER SAMPLING**

### **Chemical examination of mains water supplies**

3 samples of the City mains supply were taken on receipt of complaints from residents. All complaints were of excessive sedimentation in the domestic supply. In all cases the Public Analyst

reported that the sedimentation was due to the passage of the aluminium coagulant through the filters at the purification works.

The Water Department has since ceased to use this coagulant as both they and the Public Analyst, in consultation, feel it is unnecessary owing to the high degree of chemical purity of the raw water.

### **Bacteriological examination of various water sources**

19 samples of water were taken for bacteriological examination

14 samples were taken from swimming pools in the City and proved satisfactory.

3 samples were taken from domestic supplies and proved satisfactory.

2 samples were taken from a private borehole in a local factory and proved satisfactory.

### **FOOD HYGIENE**

Congestion and structural insufficiency appears to have received more than usual consideration by owners of food premises during the past twelve months. Several premises engaged in the preparation and storage of food have been rebuilt with due regard both to adequacy of working space and to staff facilities within the provisions of the Food Hygiene Regulations and the Offices, Shops and Railway Premises Act, while others obviously for economic reasons have been converted to non-food uses.

Some modernisation has been effected in several of the central restaurants in the City. No doubt the timing of the ventures was dictated exclusively by the owners but I would like to think that the germ of the idea was first created in their minds by the persistent persuasive pressures exerted by this Department.

The Carlisle State Management Scheme opened a steak bar and restaurant following extensive reconstruction. The decor is in the most modern idiom.

Many problems of congestion, however, are still with us. Apart from the sheer labour and inconvenience this must cause the proprietors it also calls for a constant supervision, which is not always observed, if the required standard of cleanliness, freedom from insect and pest infestation, efficient stock rotation and other matters are to be observed. Any neglect in this respect is inimical to the maintenance of a standard of hygiene which is one of, if not THE primary duty of anyone who seeks to serve the public in this capacity.

The need these days to buy in quantities sufficient to remain actively competitive multiplies these difficulties and it is not unusual to find stock spilling over into the domestic quarters of the combined house and shop. This confusion of business and

domestic interests is to be depreciated. Modern shopfitting techniques, however, have gone some way towards alleviating this difficulty and it is sometimes surprising the extent to which the modern display lay-outs can be both attractive and practical.

There has been a considerable increase in the number of bakers shops which now provide an off-sale service in sandwiches. Often these are prepared in a situation in the shop remote from available hand washing facilities. Moreover, the ingredients, cooked meats, butter, etc. are often exposed for long periods at temperatures far in excess of the desirable maximum. This is not a process which should be mixed up with the normal behind counter money changing and other inseparable activities.

While there may be some attraction in having a sandwich individually prepared there is perhaps more to be said in favour of it being pre-formed under more favourable conditions, hygienically wrapped and properly displayed.

Several of our factory canteens have installed micro-wave ovens. These are usually set next to vending machines and are of great convenience for the use of shift workers. The prepared precooked meal is first obtained from the refrigerated vending machine, put into the micro-wave oven and in a matter of seconds is effectively heated on the plate on which it was displayed. Provided suitable care is taken at all stages in the preparation, handling and storage of these meals they are on the whole much safer than similar articles kept hot over a lengthy period.

During the year the Carlisle Technical College once again organised several courses for tradesmen in various food handling activities. The curriculum invariably has a section including food hygiene. Public Health Inspectors are on the part-time teaching staff of the College. Many talks are also given to food handlers and other interested and involved groups of people in private industry.

The popularity of the domestic deep-freeze food storage unit would appear to be on the increase. Clearly there are advantages to be gained in the long-term bulk storage of certain foods. There are also disadvantages and under certain circumstances an element of risk.

In the commercial world the fear of a mechanical failure in deep-freeze units is a matter for concern, as unfrozen food becomes not only unmarketable but under certain circumstances potentially dangerous and unfit for human consumption. This risk may not as yet have communicated itself into the home and faced with a loss of what could well amount to £50 or more in food value a housewife might be tempted to take risks the shop-keeper would never contemplate.

Such instructions as I have seen accompanying the domestic deep-freeze unit carry no reference to this possible danger and from enquiries I have made in the insurance world I am told that the cover taken out by householders in this connection by no means reflects the known increase in their usage.

Owners of a domestic deep-freeze cabinet would be well advised not only to take out the necessary insurance cover but also in any case of doubt as to the safety of food arising from its use to seek the advice of their Health Department.

### Inspection and Registration of Food Premises

Inspection and Registration of Food Premises						No. fitted	No. to	No. fitted
Registerable Premises	No. in area	No. of inspect- ions	to comply with Reg. 16	Reg. 19 applies	with Reg. 19			
Ice Cream—								
Wholesale manufacture ... ..	1	7	1	1	1			
Manufacture and Retail Sale ... ..	17	37	17	17	17			
Wholesale Storage for Sale ... ..	3	2	3	3	3			
Retail Sale—mainly pre-packed ... ..	280	97	251	—	—			
Preparation or manufacture of Sausage, of Potted, Pressed, Pickled or Preserved Food ... ..								
Fish Friers ... ..	26	40	24	26	26			
Other Food Premises—								
Bakehouses ... ..	30	163	29	30	30			
Bakers' and Confectioners' Shops ... ..	65	89	60	64	60			
Butchers' Shops ... ..	83	148	82	83	82			
Catering Establishments—								
Hotels, Restaurants, Cafes, etc. ... ..	42	293	42	42	41			
Industrial & Commercial Canteens ... ..	38	58	35	35	35			
School Canteens ... ..	21	35	21	21	21			
Residential Hospitals, Institutions ... ..	19	20	19	19	19			
Non-res. Ints., Clubs, Halls, etc. ... ..	20	27	20	20	19			
Boarding Houses, Guest Houses, etc. ... ..	75	26	Not Known					
School Meals Serveries ... ..	10	21	10	10	10			
Fruiterers' and Greengrocers' Shops ... ..	75	41	68	70	70			
Wholesale Merchants ... ..	4	5	4	4	4			
Grocers and Provision Merchants—								
Shops ... ..	180	324	130	178	140			
Wholesale Merchants ... ..	6	22	6	6	6			
Licensed Premises—Inns, Hotels, etc. ... ..								
Sugar Confectionery—Shops ... ..	66	7	60	66	53			
“ “ Wholesale ... ..	6	1	6	6	6			
Wet Fish—Shops ... ..	9	40	9	8	8			
“ “ Wholesale ... ..	2	2	2	2	2			
Private Slaughterhouse ... ..	1	72	1	1	1			
Food or Drinks Manufactories ... ..	11	67	11	11	11			
Bacon Factory ... ..	1	161	1	1	1			
Mobile Shops, Vans, Canteens ... ..	150	22	126	—	—			
Temporary Market Stalls ... ..	77	21	Common					
Pharmaceutical Chemists ... ..	20	11	20	20	20			
MILK—Dairies and Distributors ... ..	152	163	95	—	—			

N.B.—Variations in figures due mainly to acceptance of domestic arrangements being adequate for both shops and houses where house is attached to shop.

## MEAT INSPECTION

The establishment of the section includes 5 full-time meat inspectors four of whom are employed at a private bacon factory and 1 at the private slaughterhouse. Due to staff shortage, holidays and sickness during the year it was necessary to arrange for Public Health Inspectors to be diverted to meat inspection duties for 226 half day units at the bacon factory and 128 half day units at the private slaughterhouse.

## SLAUGHTERHOUSE

### CARCASSES INSPECTED INCLUDING THOSE CONDEMNED

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed ... ..	5478	619	524	23615	9207
Number inspected ... ..	5478	619	524	23615	9207
<b>ALL DISEASES EXCEPT</b>					
<b>TUBERCULOSIS</b>					
Whole carcase condemned	4	20	29	90	16
Carcase of which some part or organ was condemned	2950	594	29	4405	1116
Percentage of the number inspected affected with disease other than tuber- culosis ... ..	53.92	99.19	10.68	18.90	12.29
<b>TUBERCULOSIS ONLY</b>					
Whole carcase condemned	—	—	—	—	—
Carcase of which some part or organ was condemned	2	3	—	—	105
Percentage of the number inspected affected with tuberculosis ... ..	0.02	0.07	—	—	1.03
<b>CYSTICERCOSIS</b>					
Carcase of which some part or organ was condemned	18	8	—	—	—
Carcase submitted to treat- ment by refrigeration ...	18	8	—	—	—
Generalised and totally con- demned ... ..	—	—	—	—	—

The following tables give the number of animals killed annually during the past four years:—

## KINGSTOWN SLAUGHTERHOUSE

Year	Cattle	Sheep and Lambs	Calves	Pigs	Total
1965	7208	29502	112	10493	47315
1966	5844	28876	47	10039	44803
1967	6846	23139	1164	9053	40202
1968	6097	23615	524	9207	39443

## HARRABY BACON FACTORY

1965	214166	214166
1966	191200	191200
1967	172485	172485
1968	166919	166919

## MEAT SPECIMENS EXAMINED

The number of meat specimens submitted to laboratory for pathological examination	...	...	...	10
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## SLAUGHTER OF ANIMALS ACT, 1958

Number of registered slaughtermen	...	...	...	25
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## BRUCELLOSIS (ACCREDITED HERDS) SCHEME

Number of Animals examined and carcasses passed fit for food after diseased parts removed	...	...	...	31
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## KINGSTOWN SLAUGHTERHOUSE

Table showing number of Carcasses and Part Carcasses condemned  
for disease.

DISEASE OR CONDITION	Whole Carcasses					Part Carcasses				
	Cows	Other Cattle	Sheep	Calves	Pigs	Cows	Other Cattle	Sheep	Calves	Pigs
Abscesses & Suppurative Conditions	—	—	—	—	—	4	14	15	—	105
Anaemia	1	—	4	—	—	—	—	—	—	—
Arthritis	—	—	2	—	2	—	2	17	1	114
Emaciation	1	1	11	—	—	—	—	—	—	—
Enteritis	—	—	2	—	—	—	—	—	—	—
Fever	1	2	18	—	2	—	—	—	—	—
Immaturity	—	—	—	10	—	—	—	—	—	—
Injuries — Bruising	—	—	2	3	—	14	10	69	—	82
Jaundice	—	—	1	—	—	—	—	—	—	—
Mastitis	—	—	—	—	—	—	—	—	—	—
Moribund	—	—	4	—	4	—	—	—	—	—
Nephritis	—	—	—	—	—	—	—	—	—	—
Odour (Abnormal)	—	—	5	—	1	—	—	—	—	—
Oedema	14	1	35	—	2	2	—	—	2	—
Peritonitis	1	—	1	1	—	1	—	2	—	7
Pleurisy	—	—	—	—	—	—	1	14	—	7
Pneumonia	1	—	1	1	2	—	1	10	—	4
Post Mortem Decomposition	—	—	1	—	1	—	12	—	—	—
Post Mortem contamination and Damage	—	—	—	—	—	—	1	1	—	—
Pyaemia : Joint Ill : Naval Ill	1	—	1	5	4	—	—	—	—	—
Septicaemia or Toxaemia	—	—	1	1	1	—	—	—	—	—
Swine Erysipelas	—	—	—	—	—	—	—	—	—	3
Tumour	—	—	1	—	—	—	—	—	—	—
Uraemia	—	—	—	1	—	—	—	—	—	—
Urticaria	—	—	—	—	—	—	—	—	—	5

## HARRABY BACON FACTORY

Table showing number of Carcases and Part Carcases condemned for diseases.

DISEASE OR CONDITION	Whole Carcases	Part-Carcases
Abscesses & Suppurative Conditions ...	1	1661
Anaemia ... ..	—	—
Arthritis ... ..	16	529
Emaciation ... ..	15	—
Enteritis ... ..	3	—
Fever ... ..	11	—
Injuries and Bruising ... ..	10	2112
Jaundice ... ..	—	—
Metritis ... ..	2	—
Moribund ... ..	1	—
Nephritis ... ..	1	3
Odour Abnormal ... ..	—	—
Oedema ... ..	29	9
Peritonitis ... ..	9	158
Pleurisy ... ..	3	235
Pneumonia ... ..	9	12
Post-Mortem Decomposition ... ..	4	—
Post Mortem Contamination & Damage	1	3
Pyæmia: Joint Ill, Naval Ill ...	60	—
Septicaemia or Toxaemia ... ..	4	—
Swine Erysipelas ... ..	3	9
Tumours ... ..	—	—
Uraemia ... ..	1	—
Urticaria ... ..	—	52

Statistics for a private bacon factory within the district are given on this separate sheet for two reasons—

- (i) Because of the line system operating in the slaughterhouse it is not possible to supply detailed reasons for condemnation of all organs.
- (ii) Following from (i) above the figures given on separate sheet show only carcase and part-carcase condemnations.

Heads	2732	Mesenteries	4322
Plucks	3114	Stomachs	3254
Livers	4207	Kidneys	3654

N.B. There is no correlation between the above unclassified condemnations and number of animals involved as several organs may be removed from one carcase.

## POULTRY INSPECTION

1. Number of poultry processing premises	...	...	...	1
2. Number of visits to the premises	...	...	...	89
3. Total number of birds processed during the year	...	...	...	1,691,683
4. Types of birds processed	.....	Turkeys,	Hens and	Broilers.
5. 0.261% Chickens, 1.567% Hens, etc., 0.125% Turkeys were rejected as unfit for human consumption.				
6. The weight of poultry condemned as unfit for human consumption was 13 Tons, 5 Cwts, 2 Stone, 11 lbs.				

Flooding of the Willow Holme Industrial Estate during the month of March caused the poultry processing factory to be shut down for a week. A considerable number of processed birds were condemned as unfit for human consumption on occasions when the refrigeration plant was out of action for several days.

Production was curtailed for a further ten days when additions and alterations were made to the plant lay-out. During the year new plant was installed as follows:—

1. A Tork Featherator.
2. A foot cutter.
3. A pre-chill room.
4. Spin Chilling Tanks incorporating washing and chilling.
5. Blast freezing of poultry was changed from Freon 22 to Ammonia and an additional compressor installed.

In addition a giblet packing machine was on order at the end of the year and the changeover from wooden to plastic crates for the transportation of live poultry was in hand.

The through-put speed of poultry processing was stepped up and every endeavour was being made to ensure a considerable increase in the daily output of processed birds. Unfortunately, female labour, particularly, was in short supply and with sickness and absenteeism bringing about further reductions in staff, difficulty was experienced in keeping pace manually with the through-put of the new machines.

Nevertheless, a high standard of hygiene was maintained throughout the factory. Suitable sterilant/detergents were in use and an effective bactericide was found to deal with the problems of contamination of packing tables and operators' hands.

## DISEASED AND UNSOUND FOOD

The following table shows the amount of food declared to be unfit for human consumption during 1968:—

### PRIVATE SLAUGHTERHOUSE:

				T.	C.	Q.	Lb.	T.	C.	Q.	Lb.
Beef	...	...	...	3	13	3	10				
Beef Offals	...	...	...	16	9	1	23				
Mutton	...	...	...	1	10	3	23				
Mutton Offals	...	...	...	3	5	1	18				
Veal	...	...	...	—	14	2	24				
Pork	...	...	...	1	11	1	8				
Pork Offals	...	...	...	2	2	—	14	29	7	3	8

### HARRABY BACON FACTORY:

Pork	...	...	...	23	1	2	21				
Offals	...	...	...	55	12	3	—	78	14	1	21

### OTHER SOURCES:

Meat at Wholesale Premises	...	...	...	—	—	2	42				
Meat at Retail Shops	...	...	...	—	—	3	23				
Cooked Meat and Meat Products	...	...	...	—	3	3	16				
Canned Meats	...	...	...	1	4	3	14				
Fish (Fresh)	...	...	...	—	—	—	—				
Fruit & Vegetables (Fresh)	...	...	...	—	—	2	15				
Poultry at Packing Station	...	...	...	13	5	1	11				
Other Foods (Canned)	...	...	...	82	12	1	15	96	5	3	24
TOTAL								204	8	0	25







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